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Paul A. Rosenstiel
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
ART AGNOS, MAYOR

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

## AGENDA
## HEALTH COMMISSION
Tuesday, January 7, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 17, 1991

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) CO - AIDS - Renewal contract with Black Coalition on AIDS in the amount of $244,008, to provide training to volunteers who provide emotional and practical support to persons with AIDS who are African American for the period of July 1, 1991 through June 30, 1992. (DPH contracted with Black Coalition on AIDS for services totaling $122,054 [6 months amount as services started around 1/91] in FY 1990-91).

(3.2) CO - AIDS - Sole Source request with Coming Home Support Services in the amount of $87,500, for the period of April 1, 1992 through June 30, 1993, to provide probate conservatorship services for indigent persons with AIDS who have complex medical and psychiatric needs (particularly AIDS-related dementia), but who are unable to make decisions for themselves. (DPH Contracted with Coming Home Support services totaling $50,000 in FY 1990-91).

(3.3) CO - AIDS - Renewal contract with Shanti Project in the amount of $1,361,674, to provide emotional and practical support, long-term housing and transportation to persons with HIV/AIDS and their loved ones for the period of July 1, 1991 through June 30, 1992. (DPH contracted with Shanti Project services totaling $1,336,843 in FY 1990-91).

(3.4) CO - Administration - Budget and Planning - Request to authorize adoption of the County Health Services Plan and Budget for the 1991-1992 Fiscal Year, consisting of the County Health Services Component and the Indigent Health Care Component, which includes the CHIP Program.

(3.5) DMSF - CMHS - Adult Acute - Renewal contract with Mental Health Management I, Inc., dba Canyon Manor, in the amount of $1,032,980, to provide subacute locked skilled nursing partial day and 24-Hour services for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with Mental Health Management I, Inc., dba Canyon Manor services totaling $1,032,980 in FY 1990-91).

(3.6) DMSF - CMHS - Adult Community - Renewal contract with Bayview Hunters Point Foundation for Community Improvement, Inc. in the amount of $4,052,134/per year, to provide mental health outpatient, day treatment, outreach and case management services for the period of July 1, 1991 through June 30, 1994. (DPH Contracted with Bayview Hunters Point Foundation services totaling $7,259,219 in FY 1990-91).

(3.7) DMSF - CMHS - Child, Geriatrics, Adult Community - Renewal contract with California Pacific Medical Center (CPMC) dba Northern California Ambulatory Health Services in the amount of $2,646,509/per year, to provide partial day, outpatient, outreach, case management, and 24-Hour Residential services for the period of July 1, 1991 through June 30, 1994. (DPH Contracted with PPMC for services totaling $7,809,121 of which $3,127,866 was with Pacific Mental Health Services in FY 90-91 and the grand total of PPMC and Childrens Hospital Services which is now merged into CPMC for FY 1990-91 was $10,652,716).

(3.8) DMSF/CSAS - Request to apply for, accept and expend a grant in the amount of $175,032 from the McKinney PATH Federal Formula Grant for the period of July 1, 1991 through June 30, 1992, to provide outreach and case management services to mentally ill and substance abusing homeless residents of San Francisco.

(3.9) DMSF - CSAS - Approval to relocated substance abuse treatment site for the National Council on Alcoholism and other Drug Addictions - Bay Area, Inc. from 1049 Market Street to 944 Market Street, San Francisco, CA 94103.

(3.10) DMSF - CSAS - Approval to relocate substance abuse treatment site for the Lee Woodward Counseling Center, a program of the Women's Alcoholism Center from 2261 Bryant Street to 2201 Sutter Street, San Francisco, CA.

~~(3.11) Site approvals~~.

(3.12) Presentation of the Controller's Performance Audit of San Francisco General Hospital.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **OTHER BUSINESS/PUBLIC COMMENTS**

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
Frank Jordan, Mayor

**Department of Public Health**

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

# MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, January 7, 1992
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

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## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:35 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 17, 1991

Action Taken: The Commission adopted the minutes of the regular meeting of December 17, 1991.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Paul Rosenstiel)

(3.1) CO - AIDS - Renewal contract with Black Coalition on AIDS in the amount of $244,008, to provide training to volunteers who provide emotional and practical support to persons with AIDS who are African American for the period of July 1, 1991 through June 30, 1992. (DPH contracted with Black Coalition on AIDS for services totaling $122,054 [six months amount as services started around January 1991] in FY 1990-91).

In answer to Commissioner Kaufman's inquiry of the audit status from the contractor, Department of Public Health staff reported that the status of the audit will be reported back to the Commission in 30 days.

(3.2) CO - AIDS - Sole Source renewal with Coming Home Support Services in the amount of $87,500, for the period of April 1, 1992 through June 30, 1993, to provide probate conservatorship services for indigent persons with AIDS who have complex medical and psychiatric needs, particularly AIDS-related dementia, but

who are unable to make decisions for themselves. (DPH Contracted with Coming Home Support services totaling $50,000 in FY 1990-91).

(3.3) CO - AIDS - Renewal contract with Shanti Project in the amount of $1,361,674, to provide emotional and practical support, long-term housing and transportation to persons with HIV/AIDS and their loved ones for the period of July 1, 1991 through June 30, 1992. (DPH contracted with Shanti Project services totaling $1,336,843 in FY 1990-91).

Commissioner Ludington pointed out the importance of collaborative efforts of this contractor.

(3.4) CO - Administration - Budget and Planning - Request to authorize adoption of the County Health Services Plan and Budget for the 1991-1992 Fiscal Year, consisting of the County Health Services Component and the Indigent Health Care Component, which includes the CHIP Program.

Public Speaker: Edward Benner, Edward Benner Reports.

Commissioner Rosenstiel referred to the City Attorney the request of Mr. Benner to have the Budget Committee proceedings taped.

(3.5) DMSF - CMHS - Adult Acute - Renewal contract with Mental Health Management I, Inc., dba Canyon Manor, in the amount of $1,032,980, to provide subacute locked skilled nursing partial day and 24-Hour services for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with Mental Health Management I, Inc., dba Canyon Manor services totaling $1,032,980 in FY 1990-91).

Commissioner Gray stated for the record that this contractor's program and parent staff continue to be out of compliance with affirmative action policies.

(3.6) DMSF - CMHS - Adult Community - Renewal contract with Bayview Hunters Point Foundation for Community Improvement, Inc. in the amount of $4,052,134/per year, to provide mental health outpatient, day treatment, outreach and case management services for the period of July 1, 1991 through June 30, 1994. (DPH Contracted with Bayview Hunters Point Foundation services totaling $7,259,219 in FY 1990-91).

Alex Anagnos, R.N., M.S., Quality Assurance Director, provided an overview of the quality assurance process.

Commissioners Ludington, Kaufman and Chow expressed concerns on quality assurance. Mr. Anagnos stated that the quality assurance issue does not pose serious problems for services nor reimbursement from Medi-Cal. Flo Stroud, interim Director for DMSF, recommended that the quality assurance monitoring for all multiyear contracts be referred to the Joint Conference Committee on DMSF, which will report any quality assurance problems back to the Commission.

(3.7) DMSF - CMHS - Child, Geriatrics, Adult Community - Renewal contract with California Pacific Medical Center (CPMC) dba Northern California Ambulatory Health Services in the amount of $2,646,509/per year, to provide partial day, outpatient, outreach, case management, and 24 Hour Residential services for the period of July 1, 1991 through June 30, 1994. (DPH Contracted with PPMC for

services totaling $7,809,121 of which $3,127,866 was with Pacific Mental Health Services in FY 90-91 and the grand total of PPMC and Children's Hospital Services which is now merged into CPMC for FY 1990-91 was $10,652,716).

Public Speaker: Rodney Clurman.

In response to Mr. Clurman's request to withhold funds because of the two recent suicides at Westside Lodge, Flo Stroud, interim Director for DMSF, and Judith Stevenson, Administrator of California Pacific Medical Center, reported on the corrective clinical and administrative actions being taken.

(3.8) DMSF/CSAS - Request to apply for, accept and expend a grant in the amount of $175,032 from the McKinney PATH Federal Formula Grant for the period of July 1, 1991 through June 30, 1992, to provide outreach and case management services to mentally ill and substance abusing homeless residents of San Francisco.

(3.9) DMSF - CSAS - Approval to relocated substance abuse treatment site for the National Council on Alcoholism and other Drug Addictions - Bay Area, Inc. from 1049 Market Street to 944 Market Street, San Francisco, CA 94103.

Department of Public Health staff reported that no community meeting was held. Commissioner Chow raised the issue of following the process for a site approval and why was the process not followed.

Public Speakers: Francis Cressey, Music and Rhythm
Manny Milon, Polo's Stadium Club

(3.10) DMSF - CSAS - Approval to relocate substance abuse treatment site for the Lee Woodward Counseling Center, a program of the Women's Alcoholism Center from 2261 Bryant Street to 2201 Sutter Street, San Francisco, CA.

In response to Commissioner Chow's inquiry as to whether Department of Public Health staff was present at the community meeting, CSAS staff verified the presence of a CSAS program monitor.

Commissioner Rosenstiel emphasized the need for CSAS to establish a consistent process and procedures for a site approval.

(3.11) Presentation of the Controller's Performance Audit of San Francisco General Hospital.

This item was postponed to a future meeting.

Dr. Baxter, Director of Public Health, requested the Commission to defer action on items #3.9 and #3.10 to a future meeting so that he can look into these site approval requests.

Action Taken: The Commission approved items #3.1 through #3.8, deferred action on items #3.9 and #3.10, and postponed item #3.11.


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4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

REPORT ON 1991

- DPH Review: In this first report for 1992, I would like to take the opportunity to review my first year as the Director of Health in San Francisco. At our next meeting, as we begin the budget process for FY 1992-93, I will outline goals and objectives for this coming year. I want to begin by thanking President Richard Sanchez and each member of the Health Commission for your guidance during this first year. As the governing body for this Department, you have been generous with your time and support and led us through a difficult year of major changes in state funding of health care and the financial restructuring of the Health Department.

  When I became Director of Health a little over one year ago, I said that San Francisco was a unique city with all of the components of public healthcare under one umbrella, with health as a high priority in the City and County, and with a philosophy of community based services. I committed to spending the first few months meeting with representatives from the healthcare constituency in San Francisco.

  In this past year, I met with hundreds of San Franciscans, from City officials to the citizens who use our system of health care, and the workers who provide that care. Meeting with all the health related advisory groups, professional associations and community organizations was not only an invaluable education for me, but the foundation for opening up the Department's decision-making to broader constituencies. The level of concern and advocacy for the services provided by the Health Department for the citizens of San Francisco is truly impressive and at times overwhelming, in the sense of responsibility it creates for those of us charged with delivering those services.

  At my first meeting with you, I stated I would focus my attention on advocacy, accountability, aggressive management, and an overall plan for the future. Our priorities included reorganizing our approach to budgeting, taking a critical look at our internal operations, maximizing revenues for the Department, and emphasizing a broad integrated human services approach to health. Needless to say, the year was dominated by the budget.

STATE BUDGET

- Realignment: The single most important change to resolve the State's budget deficit was the "realignment" of health, mental health, and social services programs that eliminated the block grants and provided local governments with a portion of state sales tax and vehicle license fees to pay for these services.

  The Health Department worked closely with the Mayor's Office, the City's legislative representatives, the Board of Supervisors, the SF Medical Society, and other counties to advocate for San Francisco's health and mental health programs. Departing from other county health departments, we opposed the basic premise of realignment as an abdication of state responsibility for health services, as an accounting device to divest the State of budget responsibility for health services rather than a true

health policy reform. We also expressed grave concern that the new state revenue sources would not keep pace with program costs, and that is unfortunately proving true.

SB 855

- New Revenues: Maximizing federal financial participation was a major strategy during 1991. We worked closely with other counties and public hospital organizations to support state and federal legislation that would allow county funds to be used by disproportionate share hospitals as a match to draw down additional federal Medicaid funds. Under SB 855, SFGH is the only qualified disproportionate share hospital in San Francisco and expects to receive additional revenues of $26.9 annually. The State is concluding its negotiations with the Federal Health Care Financing Administration now, with final approval expected in the next 30 to 60 days. These funds will come in the form of a rate increase to SFGH.

  As soon as the SB 855 funds are available, the Department will submit a supplemental request to use $6 - $9 million for programs specified by the Board of Supervisors during the 1990-91 budget deliberations. The Department supports setting aside the remainder of the funds to meet critical health needs and to offset projected health budget deficits for FY 1991-92 and 1992-93.

  The Department also strongly recommends using a portion of the funds to ensure an ongoing Medi-Cal revenue stream at SFGH, by supporting the hospital's billing infrastructure. This is essential since the federal legislation implementing SB 855 has essentially capped any further Medicaid rate increase to SFGH in the foreseeable future.

DPH BUDGET

- FY 1991-92: The Executive Staff Budget Committee and the Ad Hoc Citizens Budget Advisory Committee that I established as part of the department-wide budget reorganization was invaluable in the difficult decisions we had to make about resource planning and budget reductions. Mr. Anthony Wagner, Executive Administrator for Laguna Honda Hospital provided strong and even-handed leadership for the Executive Staff Budget Committee, and the Ad Hoc Budget Advisory Committee, chaired by Dr. Dick Fine, provided valuable recommendations and assistance in the budget process. These two committees have continued to meet regularly throughout the year and will continue to function in preparing the 1992-93 department budget.

  These two committees helped establish guiding principles for the budget: to maximize revenues, reduce administrative and operating costs, preserve services by containing and consolidating costs, increased accountability and efficiency, and satisfy basic requirements of legal mandates. By following these principles, DPH overcame a shortfall in general fund of $33 million ($19 mil increase in new revenues, $12 mil reduction in administrative and operating costs, and $2 mil in service reductions).

  In order to maximize the health care services to the community within a limited budget, several consolidations and service integrations were initiated in 1991: linkages for patient referrals between CPHS Primary Care Centers and SFGH; consolidation of psychiatric emergency care for involuntary care (5150's) at SFGH PES and voluntary crisis services at

Mt. Zion Community Crisis Services; consolidation of six groups of complementary mental health services (to be completed in September 1992); plan checking and permitting functions for food establishments were consolidated and centralized; integration of care of HIV-infected clients at Primary Care Centers.

While it will be difficult to repeat the same budget reduction devices in 1992-93, the Department's ability to generate additional revenues will become even more critical in view of the local, state, and federal deficits. There is additional untapped potential for increased revenues, but program as well as capital investments and managerial incentives will be needed to support further revenue development.

I want again to publicly thank Susan Ehrlich, Director of Budget and Planning, her staff, and the budget staffs from each of the divisions for the many, many stressful hours they labored to put together the 1991-92 budget.

ACCOUNTABILITY

- Affiliation Agreement: After more than a year of intense negotiations, the new affiliation agreement with UCSF for services at San Francisco General Hospital is almost complete. When it is signed this year, it will represent a major advance in mutual accountability for services at the hospital. The major changes in the new Agreement clarifies UCSF's responsibilities for patient care and operating within an annual budget; replace the current lump-sum payment for staff with a payment for services mechanism; set up fair market price leases for space occupied by UCSF on SFGH campus; set parameters for UCSF research at SFGH; and establish incentives to maximize revenues at SFGH.

- Internal Management Audit: I have requested the Controller's support for contracting with a outside consultant to review the Department's internal financial control functions. We are reviewing consultants at this time.

- Contracts Process: At the Commission's direction, our efforts to streamline and strengthen the DPH contracting process continue. Following an all-day contracts workshop for staff and contractors, three working committees have been meeting regularly to improve the contracting process. The following recommendations from the workshop are underway: computer software and hardware has been approved and the bid process is underway; standardized budget forms have been developed and instructions are being completed; all DPH contract officers meet twice a month to standardize contract procedures and processes. A fourth committee on evaluation is being convened this month. These steps will facilitate the move to master contracts later this year. In addition, we have been evaluating the organizational structure of Central Office and the various program divisions to identify ways to consolidate and strengthen contracting and other administrative functions. A more detailed report will be submitted to the Health Commission shortly.

COLLABORATION/COORDINATION

- Interdepartmental & Intradepartmental: I have made interdepartmental and intradepartmental planning a priority and met regularly with the other human services department heads last year. Dr. Myra Snyder, Associate

Director of Health has lead responsibility for inter and intradepartmental programs. Dr. Reiko True has responsibility for developing specific plans to integrate health and mental health services.

- Family Mosaic Project: This is a collaborative project between four city departments to develop and implement a culturally competent integrated system of care for children and youth with serious emotional disturbances, and their families. This system of care is built around the concept of enhancing family unity and promoting stability in placements in the least restrictive appropriate setting. This project is the cornerstone of our efforts to integrate health, mental health, and other human services; to move away from traditional categorical funding of services; and to leverage additional federal financial participation in our programs. This project was initially funded by the RWJ Foundation. Staff have been assigned to the project from SFUSD, DSS, DPH, and Juvenile Probation.

- Childhood Lead Poisoning: The Department of Public Health has taken the leadership role on this important health care issue. The Bureau of Epidemiology and Disease Control, in conjunction with the Bureau of Toxics, Health and Safety and the Child Health Disability Prevention Program (CHDP), began a blood level screening survey to determine the prevalence of lead poisoning in children between the ages of 9 months to 5 years. Now nearing completion, this study will guide our program in prevention, screening, treatment and abatement. I convened an interagency summit meeting of DPH, Housing Authority and DSS to set policy on this issue and the three departments now meet regularly with respect to: outreach and education, screening and testing of individuals, testing of sites and abatement and temporary safe housing. Recently, the Bureau of Toxics, Health and Safety conducted a workshop for Housing Authority, DSS and DPH staff involved with lead poisoning and abatement.

- Disaster Planning: We created a department-wide Disaster Planning Committee. The Committee is under the direction of the EMS Agency to oversee the development of a DPH Disaster Plan. Included in the plan will be the role of the Primary Care Centers as first aid and triage centers during a disaster.

- Women's Health Issues: In collaboration with the Commission on the Status of Women, the Health Commission last year created a Women's Health Care Committee to advise the Director of Health. This committee will address women-specific health concerns such as breast and cervical cancer, and a primary care system sensitive to the needs of women. The Board of Supervisors has requested a report on breast cancer from DPH including prevention, treatment and the cost care. The report is almost completed and will be transmitted to the Health Commission.

- Presidio Task Force: DPH was involved throughout the year in reviewing the Army's plans to depart from the Presidio, and the National Park Service's plan for the future of the Presidio. Specific recommendations were developed by the EMS Agency, Bureau of Toxics, Health and Safety, and Environmental Health. DPH comments were forwarded to the Planning Department to be integrated in the City's response. As Director of Health, I serve on the Health Advisory subcommittee to the Presidio

Planning Council. The Planning Commission will hold a public hearing on January 9, 1992 on the Presidio Concepts Workbook, including a review of the City Departments' comments.

- Prop J - Children's Amendment: DPH has participated in the interdepartmental and neighborhood planning meetings. The city-wide proposal is due to the Board of Supervisors by February 3, 1992. The Mayor's Office of Children Youth and Their Families will be presenting the proposal. The DPH Children's Committee has been developing priorities which will be forwarded to the Health Commission for review.

STRATEGIC PLANNING

- Framework for Strategic Planning for the 1990's: The Department has begun to develop a framework for strategic planning as an essential tool for moving forward in the 90's and into the year 2000. This will provide an overall blueprint for how the Department of Public Health develops programs to meet community needs in an era of limited resources. The strategic planning process will include an initial report on the City's health and how well DPH is poised to address community health issues; an interactive community planning process; identification of strategic issues; and a strategic plan for how to address these issues. The entire process is anticipated to take about two years, with several interim reports during the process. We are reviewing the proposed initiative with Executive staff and with the Ad Hoc Citizens Budget Advisory Committee, and will report to the Commission in greater detail shortly.

AIDS

- Ryan White CARE Legislation: In this, the 10th year of the epidemic, the CARE disaster-relief funding for cities most heavily impacted by the HIV epidemic was the major federal effort for AIDS services in 1991. In Year One, San Francisco received $12.7 million and is expected to receive an additional $15 - $17 million in Year Two. Under the leadership of Dr. Sandra Hernandez, the Department was extremely successful in 1991 in competitive applications for federal and state grants. These grant funds were used, in part, to fund new programs for minority communities.

- Policy on Health Care Workers: The CDC abandoned its effort to restrict HIV-infected health care providers from performing some procedures in favor of emphasizing compliance with universal precautions and infection control procedures to prevent blood borne pathogens in health care institutions. Consistent with the resolution adopted earlier by the Health Commission, DPH testified in favor of ongoing training and compliance with universal precautions and other state of the art infection control procedures. A strong public-private partnership of DPH, the SF Medical Society, the CMA, Westbay Hospital Conference, and UCSF enabled us to take national leadership on this issue. This is an example of collaborations that can produce positive results for the Health Department.

- Needle Exchange: The AIDS Office collaborated with Community Substance Abuse Services to develop a comprehensive plan to prevent HIV transmission among intravenous drug users (IDU's) including needle exchange.

The proportion of new HIV infection is increasing more rapidly among IDU's than other populations. The current estimates are that new HIV infection rates per year are estimated to be between 2.0 and 2.9% per year and the prevalence of HIV infection among IDU's is estimated to be 15%. The number of AIDS cases among heterosexual drug users has increased from approximately 1.8% of the total case load to 5.5% of the current case load. Injection drug use among gay and bisexual as well as lesbians continues to represent an important threat for new HIV infections.

- Youth Programs: The Department's research and epidemiology staff became increasingly concerned about unprotected sex among young gay men and other sexually active at-risk youth over a year ago. After unsuccessfully seeking grant funding to carry out this important research, the Department none the less designed and implemented a young men's seroprevalence study that was completed this year. This study was the first targeting young gay men and the results were used to design a peer outreach program. In addition, the Department has begun to prioritize and negotiate services for at-risk youth among all of its prevention contract agencies. The Department also successfully applied for a federal grant to evaluate HIV outreach programs for high risk youth. A model program for prevention and treatment of HIV infection in youth in high-risk situations was established through a network of clinics at YGC, Larkin Street, Huckleberry House, SFGH, and UCSF. Prevention and intervention programs for youth will be one of our highest priorities in this year.

- Expansion of State AIDS Drug Program (ADP): DPH successfully advocated for expansion of the ADP formulary by 11 new drugs. The ADP is funded by federal/state monies and provides for the cost of the medications for patients who are uninsured and not Medi-Cal eligible. The Department is also working on a plan to decentralize the ADP out of SFGH Outpatient Pharmacy in order to make the program more geographically accessible to eligible patients throughout the City.

SAN FRANCISCO GENERAL HOSPITAL

- Appointment of Executive Administrator: In May, it was my pleasure to announce the appointment of Richard Cordova as the new Executive Administrator of San Francisco General Hospital. After six months, I am more convinced than ever he has the needed skills and vision needed at SFGH in the 1990's. Mr. Cordova is providing strong leadership, an understanding of hospital financing, and demonstrating the ability to bring people together to inspire the best patient care at SFGH. He is proceeding with a staff reorganization that will be reported to you shortly.

- Best Hospital for AIDS Care: In a richly deserved recognition, SFGH was named the best hospital in the nation for AIDS care by U.S. News and World Report in August. Construction of the AIDS Research Center at SFGH, a major collaborative effort of DPH, UCSF, and the Mayor's Office for state funds for a multidisciplinary molecular biology AIDS research center focusing on prevention, treatment, and cure of AIDS, was completed in November.

- Primary Care Linkage: In order to improve the interaction between the medical staffs of SFGH and the Primary Care Network, Mr. Cordova and

Dr. Nora Goldschlager, Chief of Staff, hosted a series of very successful luncheon meeting for the medical directors of the Primary Care Network Clinics along with key hospital sub-specialists. Individual consultants were identified as a "point person" from each of the medical services. The physicians from SFGH continue to work with the network physicians to improve access to consultations and referral.

- Paramedic Division: The Paramedic Division has achieved clinical as well as financial success this past year. Ambulance availability has improved through the addition of 30% more ambulances and crews and through a consistent program of dispatch streamlining and management improvements. As a result, response times for Code 3 runs are now averaging 8.0 - 8.5 minutes, and 7.6 minutes for "life threatening" runs. Clinical quality control was also improved through an innovative program of in-field clinical supervision.

  The Paramedic Division received recognition for excellence in 1991 - academic and industry recognition at national and international conferences and its Director, Dr. Charles Saunders, received the Management Excellence Award from the SPUR/SF Chamber of Commerce/Mayor's Fiscal Advisory Committee.

- Trauma Center Designation: The American College of Surgeons designated SFGH as a Level I Trauma Center.

LAGUNA HONDA HOSPITAL

- Facilities Master Plan: As Laguna Honda enters its 125th year, one of its greatest challenges will be replacement of its aging physical plant. This past year, a community advisory committee was established by Mr. Anthony Wagner, Executive Administrator of Laguna Honda Hospital, to review the future programmatic and space needs of the hospital and to advise the design consultants on the Facilities Master Plan to replace this non-compliant facility. This process was completed with the adoption of a Master Plan, and preparations are now underway to place a bond issue before the voters this fall.

- Omnibus Budget Reconciliation Act (OBRA): Implementation of new regulations required for reimbursements by Medicare and Medi-Cal Programs (97% of LHH revenues) was completed without new resources. The major changes in the new regulations are: increased patients' rights; completion of a minimum data set for all residents, annually; and changes in the process for certifying nursing assistants.

- Laguna Honda v. Kizer: Laguna Honda Hospital was successful in challenging new state rules to restrict the admission of Medi-Cal patients to distinct part skilled nursing facilities, such as LHH, which have higher Medi-Cal reimbursement rates, unless it could be demonstrated that no freestanding SNF (i.e., nursing home) would accept the patient. The Court overturned the State's regulations (under appeal) that would have created a major impact on the discharge of patients from SFGH to LHH.

- Licensing & Certification Annual Survey: The hospital received verbal commendations during the annual licensure and certification survey visit for implementation of corrective actions in areas of major deficiencies found in the previous year's survey Compliance actions are already in place to correct modest deficiencies noted in the most recent survey.

COMMUNITY PUBLIC HEALTH SERVICES

- CPHS Leadership: In September I appointed Drs. Gerry Oliva, Sandra Hernandez, and Frances Taylor on an acting basis as Deputy Director (CPHS), Medical Director (CPHS), and County Health Officer, respectively. Each assumed these responsibilities in addition to her other duties, and has performed outstandingly. I have asked Drs. Oliva, Hernandez, and Taylor to continue in these acting roles while the reorganization of CPHS and Central Office are completed.

- Primary Care Centers: CPHS this past year continued to develop community-oriented primary care, including HIV care, at eight of the seven neighborhood-based district health centers and 4 clinics. Links to SFGH for lab, x-ray, pharmacy and specialty care referrals have been strengthened. The computerized medical billing system has been expanded to the eight primary care sites.

- Health Care for the Homeless: Under the leadership of Dr. Bob Prentice, the Homeless Programs Office strengthened its multidisciplinary health and social services (primary care and specialty clinics focused on mental health, substance abuse, HIV, women and Latinos) at Tom Waddell Clinic and ten satellite locations, including shelters and hotel programs. The Tom Waddell Clinic has been integrated into the primary care network and has begun a system of Medi-Cal billing.

  The Department obtained a $4 million capital grant from the federal government and a $1 million, 3-year Community Substance Abuse grant to expand drop-in, detoxification, and residential treatment services for homeless substance abusers. These grants were a collaborative effort between the Homeless Programs and Community Substance Abuse Services to enable people to enter treatment and reduce the number of avoidable deaths in the streets.

- T.B. Intervention: There was not an increase in the number of active TB cases reported in 1991 compared to 1990 (334 vs. 336). However, a number of events have highlighted the increasing problem with TB. The Department experienced a serious outbreak of TB in an AIDS residential site. This resulted in much improved protocol for recognizing T.B. in such circumstances as well as for preventing it. It also demonstrated the frighteningly short time from exposure to disease and the risk of infection for HIV infected individuals who are exposed. Reports of TB skin test conversion in health care workers in a variety of sites emphasized the increased presence of disease and the need for environmental improvements in order to prevent infection. TB has traditionally been a disease of poverty and overcrowding and we have observed some skin test conversions in homeless shelters.

  The problem is not yet large enough to be clearly demonstrated by data but our level of concern and vigilance has been raised. We expect to improve screening efforts and to effect environmental controls in sites where transmission is likely.

- STD Control: At the initiative of the Commission, two innovative grant-funded programs, a peer education and street outreach program and alternative clinic programs at Glide Church and Southeast Health Center, were developed to address the high rates of sexually transmitted diseases

reported among S.F. youth. As I reported recently to the Commission, the number of reported cases declined in the last half of 1991.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

- Administration: Florence Stroud continues on an acting basis as Deputy Director for Mental Health and Substance Abuse. Under her steady leadership, reorganization of administrative functions and consolidation of services have moved forward. I am pleased to report that the Civil Service has just completed its lengthy process of examining candidates for the Deputy Director position. I expect to report an appointment to you shortly.

- Mental Health Realignment: State mental health funds allocated to S.F. for state hospital and IMD beds, and community services, totalling $41.9 mil, came under local control in 1991 with realignment funding. We established a working group consisting of advisory boards and committees, consumers, professional organizations, staff, and community to design a system to meet local adult and children needs. The results of this process will be reported to the Commission soon.

- Consolidation: Mental Health is proceeding with changes outlined in the 1991-92 budget for consolidation of services and clients. Consolidation of six groups of complementary services are expected to be completed by September 1992.

  As part of the consolidation of emergency psychiatric services, Mt. Zion Crisis Center continues to provide emergency care to voluntary clients 7 days/12 hours a day, while involuntary (5150) services are now consolidated at PES.

- Needle Exchange Program: Community Substance Abuse Services in collaboration with the AIDS Office drafted a comprehensive DPH plan to prevent HIV transmission among IDU's, in which needle exchange is a component of a multifaceted program. The plan is currently being circulated for community input. The plan is scheduled to be reviewed and approved by the Health Commission on January 21.

  The Department will be working with the Mayor, the Board of Supervisors, and the S.F. delegation for a state legislative initiative which would legalize the implementation of needle exchange in San Francisco as part of this comprehensive plan.

- Medical Detoxification Program: An alternative medical detoxification program to reduce the inappropriate use of psychiatric emergency services by chemically intoxicated clients continues to be a critical need in the City. We were unable to secure funds for a site for this program in 1991, and this is now our highest priority for funding in 1992.

- Housing for the Mentally Ill and Substance Abusers: In FY 1991-92, the Washburn Hotel opened with 26 beds for the mentally ill homeless and additional housing units for mentally ill clients are underway. This new housing is the result of support from the Mayor's Office of Housing and the S.F. Redevelopment Agency. In addition, Mental Health and the Department of Social Services have transferred three existing support service hotels from DSS to Mental Health.

All of the housing sites will be operated by community based agencies with Mental Health providing on-going case management and support services. Through these collaborations and the Hotel Dolores which opened two years ago, a total of 249 units of housing are or will be available for mentally ill and recovering substance abusers who might otherwise be homeless.

In addition, the first 10-bed intensive treatment facility for short-term dual diagnosed (mental health and substance abuse) clients will open this week.

DPH/CENTRAL OFFICE

- Administration: In addition to his duties as Deputy Director for Business and Operations, Dr. Larry Meredith has served ably as Acting Director of Forensic Services.

- Forensic Services: Dr. Meredith and the Forensic staff have worked closely with the Sheriff and City Attorney on jail staffing issues to respond to consent decree provisions. Medical and psychiatric staffing needs of the new jail facility scheduled to open in 1993 are also being planned.

- Toxics/Health and Safety Services: Toxics Health and Safety staff assisted in the development of the VDT ordinance, implementing the Injury and Illness Program, and providing in-depth analysis of the City's Workers Compensation Program. As part of the City Employee Wellness Program, the Health and Safety staff organized the City's first employee health fair.

  Toxics staff were central to the DPH Lead Poisoning initiative, and began preparing for the critical role they will play in the clean-up and oversight of the Mission Bay Development Project, the City's lease of Hunter's Point Naval Facility, and the Presidio.

- Environmental Health: In FY 1991-92, Environmental Health increased its revenues to more than 93% of its actual costs by revising the fee structure. The Bureau's plan checking functions were consolidated and centralized to provide increased services to the City's food establishments. In response to the City's drought, EH has worked with other city department's to establish measures to save and protect the City's water supply and develop underground water resources.

- Management Information System: In 1991, the MIS program completed the Medically Indigent Care Reporting System (MICRS) that provides data to the State regarding indigent health care in S.F. This system provides the first mechanism for establishing unique patient identification in DPH to track patient data across all DPH divisions, and is the foundation for development of a comprehensive DPH wide health data system.

- Equal Employment Opportunity: Annual affirmative action goals were consistently met and often surpassed. DPH now has an overall workforce that is 67% minority and 65% female. Forty-five (45%) of all DPH administrators are minority, while 60% are women. DPH/EEO Unit has developed written guidelines and offers monthly training workshops to prevent incidents of sexual harassment in the workplace. Disability coordinators have been designated throughout the Department and meet monthly to assist in compliance with the Disabilities Act Legislation.

- Public Information: In July, Wendy Ho Iwata was appointed as the DPH Public Information Officer after an extensive six month search process. Ms. Iwata has lead responsibility for all media relations and contacts for the Department. Successful recent public information campaigns included flu vaccinations, childhood immunizations, AIDS surveys and people of color studies, HIV-health care worker policies and various nutrition programs. Ms. Iwata is in the process of producing a department-wide newsletter sponsored by the Friends of DPH.

ISSUES FOR FY 1992 -93

- Critical DPH Issues: A briefing paper requested by Mayor-elect Jordan's transition team outlining the critical issues facing the Department of Public Health is near completion. A copy will be forwarded to the Health Commission when the paper is transmitted to Hadley Roff, Chief of Staff.

  As the Department of Public Health prepares for the many critical issues facing the Department this year and throughout the 1990's, I want to thank you for the opportunity to serve as the Director of Health in San Francisco. With all its challenges, it has been an exciting year and I look forward to continuing our collaboration. Finally, I want to thank all the members of the Executive Staff and the entire Department of Public Health staff for their hard work and cooperation in assuring a system of health care for the community of San Francisco that I believe is not only unique, but can be the best.

President Sanchez thanked and commended Dr. Baxter on his first-year review of the Department's activities.

Commissioner Gray expressed the positive community feedback of high regard for Dr. Baxter. She also stated her concern on implementing Proposition J (Children's Services).

**5) OTHER BUSINESS/PUBLIC COMMENTS**

The meeting was adjourned at 4:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Richard Sanchez, M.D., M.P.H.
President

Patricia R. Underwood, R.N., D.N.Sc.
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Paul A. Rosenstiel
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO

Frank Jordan, Mayor

**Department of Public Health**

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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# AGENDA
# HEALTH COMMISSION
Tuesday, January 21, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 7, 1992**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Paul Rosenstiel)

(3.1) CPHS - Tom Waddell Clinic - Request to accept and expend a continuation grant in the amount of $89,367 from the Federal Health Resources and Services Administration (HRSA) for the period of January 1, 1992 through December 31, 1992 to provide HIV-related services in the community.

(3.2) CPHS - Epidemiology and Disease Control, STD Control - Request to apply for, accept and expend a grant in the amount of approximately $700,000 from the Centers for Disease Control for the period of April 1, 1992 through March 31, 1993 to continue operation of the San Francisco Sexually Transmitted Disease Prevention and Training Center.

(3.3) CPHS - Family Health Bureau - Third modification of the contract with Bayview Hunter's Point Foundation, to increase contract amount by $5,945, for a revised contract amount of $146,945 to provide psychosocial support services to students at Balboa Teen Health Center for the period of January 1, 1991 through December 31, 1991. (DPH Contracted with Bayview Hunter's Point Foundation for services totaling $7,259,219 in FY 1990-91).

(3.4) CPHS - Family Health Bureau - New contract with Caheed Day Care Center, in the amount of $50,000, to provide educational and support services to pregnant and postpartum African-American women and their infants for the period of Certification through June 30, 1992.

(3.5) LHH - MIS - New contract with ADL Data Systems, Inc. in the amount of $219,937, to acquire a computer software license and related implementation and training services for an integrated acute and long term care hospital information system for the period of February 2, 1992 through August 1, 1993.

(3.6) SFGH - Finance - Renewal contract with the University of California, San Francisco (UCSF) Medical Center and the UCSF Medical Group in an amount not to exceed $720,000 to provide tertiary care services for the period of July 1, 1991 through June 30, 1992. (DPH Contracted with UCSF for services totaling $5,326,966 in FY 1990-91, exclusive of the Affiliation Contract).

(3.7) DMSF - CSAS - Request for sole source contracts with eight agencies in the total amount of $2,924,002, to provide state legislated substance abuse residential and outpatient services to parolees, for various start-up dates through June 30, 1994.

1) Baker Places, Inc. in the amount of $98,900 to provide residential, co-op/sober living and day treatment services for the period of January 22, 1992 through June 30, 1992, with an annualized figure to be determined after evaluation of first year's performance for the period of July 1, 1992 through June 30, 1994.

2) Bayview Hunter's Point Foundation for Community Improvement, Inc. in the amount of $52,869 to provide individual/family/group counseling and acupuncture services for the period of January 22, 1992 through June 30, 1992, with an annualized figure to be determined after evaluation of first year's performance for the period of July 1, 1992 through June 30, 1994.

3) Center for Juvenile and Criminal Justice, Inc. in the amount of $98,387 to provide apartment accommodations for the period of February 15, 1992 through June 30, 1992, with an annualized figure to be determined after evaluation of first year's performance for the period of July 1, 1992 through June 30, 1994.

4) Eclectic Communications, Inc. in the amount of $54,573 to provide sober living beds for the period of February 15, 1992 through June 30, 1992, with an annualized figure to be determined after evaluation of first year's performance for the period of July 1, 1992 through June 30, 1994.

5) Forensic Health Care, Inc. in the amount of $35,811 to provide outpatient services for the period of February 15, 1992 through June 30, 1992 with an annualized figure to be determined after evaluation of first year's performance for the period of July 1, 1992 through June 30, 1994.

6) Haight Ashbury Free Clinics, Inc. in the amount of $210,523 to provide outpatient/detoxification and project administration services for the period of January 22, 1992 through June 30, 1992, with an annualized figure to be determined after evaluation of first year's performance for the period of July 1, 1992 through June 30, 1994.

7) San Francisco Suicide Prevention, Inc. in the amount of $10,611 to provide telephone crisis intervention services for the period of January 22, 1992 through June 30, 1992, with an annualized figure to be determined after evaluation of first year's performance for the period of July 1, 1992 through June 30, 1994.

8) Walden House, Inc. in the amount of $342,286 to provide residential, day treatment and outpatient services for the period of January 22, 1992 through June 30, 1992 with an annualized figure to be determined after evaluation of first year's performance for the period of July 1, 1992 through June 30, 1994.

(3.8) DMSF - CMHS - Adult Community Services - Renewal contract and a sole source request with Continuum: HIV Day Services, in the amount of $98,000 per year, to provide adult mental health day care services for individuals with AIDS/ARC for the period of July 1, 1991 through June 30, 1995. (DPH contracted with Continuum: HIV Day Services for services totaling $252,000 in FY 1990-91).

(3.9) DMSF - CMHS - Geriatrics and Residential - Renewal contract with Recreation Center for the Handicapped, Inc. in the amount of $49,000/per year, to provide Day Care Intensive and Respite Care Services to dually diagnosed mentally ill/developmentally disabled clients for the period of July 1, 1991 through June 30, 1993. (DPH contracted with Recreation Center for the Handicapped for services totaling $22,672 in FY 1990-91).

(3.10) DMSF - CMHS - Adult Community Services - Renewal contract with St. Mary Pharmacy Management Services in the amount of $625,947, to provide community-based pharmacy services for the period of July 1, 1991 through June 30, 1992. (DPH contracted with St. Mary Pharmacy Management for services totaling $614,045 in FY 1990-91).

(3.11) CO - AIDS - Renewal contract with Project Open Hand in the amount of $179,091, to provide supplementary grocery distribution to persons with AIDS/ARC who reside in San Francisco for the period of July 1, 1991 through June 30, 1992. (DPH contracted with Project Open Hand for services totaling $195,784 in FY 1990-91).

(3.12) Presentation of the Controller's Performance Audit of San Francisco General Hospital.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **ELECTION OF 1992 HEALTH COMMISSION OFFICERS: PRESIDENT AND VICE PRESIDENT**

6) **PRESENTATION OF A COMPREHENSIVE PLAN TO REDUCE HIV INFECTIONS AMONG INTRAVENOUS DRUG USERS**

7) **UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET PROCESS FOR FY 1992-93**

8) **REVIEW AND CONSIDERATION OF APPROVAL OF HEALTH FUNDING FOR CHILDREN UNDER PROPOSITION J**

9) **OTHER BUSINESS/PUBLIC COMMENTS**

10) **EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a), SETTLEMENT OF THE UNLITIGATED CLAIM OF LUCY LEONG IN THE AMOUNT OF $10,000, DPH CHARGE # DPH-SFGH 91-027, WORKER'S COMPENSATION CLAIM #911065-53.**

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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Margel F. Kaufman
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Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

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# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Morl
Secretary

TEL: (415) 554-2666

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## MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, January 21, 1992
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Richard Sanchez, M.D., M.P.H., at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

Absent: Commissioner Margel F. Kaufman

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 7, 1992

Action Taken: The Commission adopted the minutes of the regular meeting of January 7, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Paul Rosenstiel)

(3.1) CPHS - Tom Waddell Clinic - Request to accept and expend a continuation grant in the amount of $89,367 from the Federal Health Resources and Services Administration (HRSA) for the period of January 1, 1992 through December 31, 1992 to provide HIV-related services in the community.

(3.2) CPHS - Epidemiology and Disease Control, STD Control - Request to apply for, accept and expend a grant in the amount of approximately $700,000 from the Centers for Disease Control for the period of April 1, 1992 through March 31, 1993 to continue operation of the San Francisco Sexually Transmitted Disease Prevention and Training Center.

(3.3) CPHS - Family Health Bureau - Third modification of the contract with Bayview Hunter's Point Foundation, to increase contract amount by $5,945, for a

revised contract amount of $146,945 to provide psychosocial support services to students at Balboa Teen Health Center for the period of January 1, 1991 through December 31, 1991. (DPH Contracted with Bayview Hunter's Point Foundation for services totaling $7,259,219 in FY 1990-91).

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Commissioner Ludington stated that since these sole source requests are being approved, each individual contract does not have to come back to the Commission.

(3.8) DMSF - CMHS - Adult Community Services - Renewal contract and a sole source request with Continuum: HIV Day Services, in the amount of $98,000 per year, to provide adult mental health day care services for individuals with AIDS/ARC for the period of July 1, 1991 through June 30, 1995. (DPH contracted with Continuum: HIV Day Services for services totaling $252,000 in FY 1990-91).

Commissioners discussed the importance of quality assurance monitoring of multi-year contracts and the administrative mechanism to accomplish this.

Public Speaker: John O'Brien

(3.9) DMSF - CMHS - Geriatrics and Residential - Renewal contract with Recreation Center for the Handicapped, Inc. in the amount of $49,000/per year, to provide Day Care Intensive and Respite Care Services to dually diagnosed mentally ill/developmentally disabled clients for the period of July 1, 1991 through June 30, 1993. (DPH contracted with Recreation Center for the Handicapped for services totaling $22,672 in FY 1990-91).

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(3.12) This item was referred to the full Commission.

Action Taken: The Commission approved items #3.1 through #3.11.

(3.12) Presentation of the Controller's Performance Audit of San Francisco General Hospital.

Dr. Raymond Baxter introduced Ed Harrington, Controller, who came to answer questions on the audit. Richard Cordova, Executive Administrator of San Francisco General Hospital, stated that the audit highlights many of his observations during this first 6-months of his tenure. Mr. Cordova pointed out that "the Hospital will require careful strategic investments in its infrastructure, staffing, and technology if it is to be operated in the most cost efficient and service oriented manner. Without this, its capacity to delivering services will be compromised."

Public Speaker: Edward Benner, submitted documents regarding appeal reconsideration - issues of medical necessity/appropriateness - in excess of $200.

Action Taken: The Commission received the Controller's Performance Audit of San Francisco General Hospital.

The Commission requested that a follow-up to the Controller's Performance Audit of San Francisco General Hospital come back to the Commission in 6-8 months.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

STATE BUDGET

- Overview FY 1992-93: The Governor released his proposed budget on January 9. According to the State Department of Finance, the current recession is in its eighteenth month, and is the longest and deepest since 1929-33. This overview concentrates on the budget's major health initiatives and their potential impact on San Francisco.

  Although not formally acknowledged, the state budget deficit is estimated at $5.1 billion, including a current-year deficit of $2.5 billion. The Governor's budget proposes a total of $450 million in 1991-92 expenditure reductions.

  General fund revenues are expected to be significantly below the 1991-92 budget forecast. Revenue growth for the next five years is expected to average 5.7%. From 1969-70 through 1990-91, the average annual increase in the general fund was 10.9%. However, the administration's general fund revenue forecast is about $1 billion higher for 1992-93 than the Commission on State Finance's projections.

  Funding for realigned programs for 1991-92 statewide is projected to have a $150 million shortfall. This could result in a shortfall of $7.5 million in San Francisco for the first year of realignment. However, the Governor's budget proposes to make up the base funding for realigned programs in 1992-93 from anticipated growth in realigned revenues. The impact of realignment revenues on the budget depends heavily on continued local participation in the statewide discussions on amending last year's realignment legislation.

  The Governor has proposed to reduce several optional Medi-Cal benefits. These reductions are likely to have a relatively small direct impact on the Department, but may have a greater indirect effect over time as people find they are unable to obtain such services as podiatry in the community.

The impact on San Francisco of redirecting health education and unallocated accounts from the Tobacco Tax to fund Medi-Cal Perinatal Services is unknown. Under the Governor's proposal, San Francisco would lose $3.37 million of tobacco funds used to backfill cuts to mental health programs in 1990. The reduction in CHIP funding for San Francisco, due to declining tobacco tax revenues is uncertain, but could be between $1 and $2 million.

The new children's health insurance program, CheckUp, is intended to promote access to primary and preventive outpatient services to all children under six years and is designed to provide subsidized private health insurance to uninsured low-income children. The general fund cost for 1992-93 is $20 million. The program does not include inpatient services. This program provides access for a limited range of services for a new group of children while ignoring the existing problems of inadequate Medi-Cal services to poor children.

I will continue to update the Commission on the impact of the state budget as the Department analyzes it further and receives more information.

CITY BUDGET UPDATE

- Mayor's Budget Instructions: On January 9, 1992, Mayor Jordan issued new budget policy instructions to Commissions and Department Heads. These instructions basically do the following:

  - Establish each department's baseline budget for 1992-93 as 90% of the general fund expenditures in 1991-92. Since the Department of Public Health's general fund contribution in 1991-92 is $160 million, this baseline definition means a general fund expenditure reduction of $16 million from the 1991-92 level.

  - Directs departments to cut from administration rather than services.

  - Allows for the potential of expanded services if they "contribute monstrably to enhancing the quality of life in our city."

  - Requests six additional analyses of current operations:

    - o A set of detailed organization charts
    - o A list of vacant and tx'ed positions
    - o A prioritized list of the department's programs, including resources devoted and service level measures
    - o A list of services DPH provides and applicable fees
    - o A facilities maintenance plan

  The Mayor's Office also encouraged DPH to work with our Mayor's Fiscal Advisory Committee (MFAC) team to capture efficiencies in the department.

  The Mayor's Office requests these items by February 21, 1992. The Department is working with the Mayor's Office to put together these products in view of the Department-wide public processes.

FY 1991-92 BUDGET

- Finance Committee Review: Last Thursday, the FY 1991-92 revenues and expenditures of the five major city departments were reviewed by the Board of Supervisors Finance Committee. I reported that the Department's

expenditures are on target and revenue targets are being exceeded. DPH projected increased revenues of $19 million and we now expect to exceed that target by $5 million. If added to revenues from SB 855, the Department has increased new revenues by $51 million in 1991-92.

AIDS OFFICE

- Update on Hospice by the Bay: There is continued neighborhood controversy involving the development of a 51-bed supportive independent living residence by Hospice by the Bay. The project has faced a multitude of community problems, including a strong anti-AIDS sentiment, misperceptions about the risk of HIV infection, as well as neighborhood concerns about the lack of culturally specific city services.

  While the Department is not providing any financial support to the project, the Department has offered technical assistance through a contract agency, the Asian AIDS Project, for AIDS education targeting seniors, churches, local businesses, and residents of Visitation Valley. This effort was meant to address the community's fear of an HIV residential program. The Department believes it is important to continue to provide leadership in the development of residential-based programs for housing HIV-infected people. The Human Rights Commission is currently involved in mediating the conflict between the Visitacion Valley Neighborhood Association and Hospice by the Bay. The Department will continue to monitor this issue and intervene wherever appropriate and feasible.

SAN FRANCISCO GENERAL HOSPITAL

- Diversions: During December 1991, hospital diversion of ambulance patients at SFGH and community hospitals increased significantly above normal levels. The Emergency Medical Services Agency intervened ten times to suspend critical care diversion to ensure availability of emergency departments for ambulances transporting critically ill patients.

  SFGH was on critical care diversion 33% of the month of December (Year to date range, 1%-22%). Community hospitals also were on critical care diversion for periods which ranged between 0% to 25% (year to date range, 0%-29%).

  Staff from SFGH and the EMS Agency met with Lynn Baskett, representing the Hospital Council of Northern California, to discuss the recent increase in diversion on January 9, 1992. Richard Cordova subsequently met with the CEOs of several community hospitals in the Council's San Francisco Section meeting on January 14th. Topics covered in that meeting were the increased census in December and early January for all hospitals in San Francisco, the number of sponsored patients transferred out of SFGH to community hospitals to alleviate demand for SFGH's beds (28 in November and December), the number of indigent patients transferred from community hospitals to SFGH during that period (44 indigents accepted), and the steps SFGH is taking to increase its capacity.

  SFGH has opened two additional Intensive Care beds to meet the peak in demand. The EMS System depends upon adequate bed capacity at SFGH to operate smoothly and safely because SFGH receives the largest number of emergency patients from the 911 System (40-50% of all transports) and because SFGH is the safety net hospital in San Francisco.

I will be meeting with the San Francisco Section CEOs on February 3rd. A more detailed report will be presented at the February 4th meeting of the Health Commission.

- Chief of Physical Medicine and Rehabilitation: Dr. Sheldon Berrol, an internationally recognized expert in head injury rehabilitation, died on December 31, 1991, of a a cerebral aneurysm. He served as Chief of Physical Medicine and Rehabilitation at SFGH for the last ten years. He was a pioneer advocate for the disabled and created innovative spinal cord and head injury rehabilitation programs that became national and international models. Last summer, the Baylor Cognitive Retraining Laboratory was named in his honor. A physician, teacher and consultant, Dr. Berrol was a catalyst for implementing multidisciplinary team approaches to physical medicine and rehabilitation.

LAGUNA HONDA HOSPITAL

- Flu Outbreak: 1000 patients and 324 staff have received the influenza vaccine. Although there was initially a citywide shortage of vaccine, there is now adequate vaccine and Laguna Honda has more than enough to take care of both patient and employee needs.

  At the end of December, two patients' specimens tested positive for influenza A and subsequently one other specimen has tested positive. All three patients had received the influenza vaccine, confirming published data that the influenza vaccine may not be very protective in the elderly, although it may reduce the severity of the illness.

  In keeping with CDC recommendations, a prophylactic drug treatment protocol was initiated. Subsequent surveillance indicates that the drug, Amantadine, has been effective in stopping the influenza outbreak at Laguna Honda. 43 cases of suspected influenza have been reported in Clarendon Hall and 18 in the main building. The majority of cases in Clarendon Hall occurred prior to the amantadine treatment protocol. This situation will be monitored and there will be an updated report at the next meeting.

- Art and Orchids: On Saturday, February 1st, the FreeWheelers Association, Inc., which is based at Laguna Honda and provides daily bus trips for LHH residents and other home-bound and institutionalized persons, will have their second annual gala fundraiser at Simon Auditorium. Art work, restaurant & hotel certificates, and orchids will be auctioned. There will be a preview showing at the hospital on Friday afternoon, January 31.

COMMUNITY PUBLIC HEALTH SERVICES

- Update on Outbreak of Hepatitis A: Hepatitis A case reports continue at a level above what was reported in previous years but reduced from the peak of 20 cases a week reported in September. While the current weekly average is 11, there is still reason for concern.

  In the first three weeks of 1992, 32 cases were reported, compared to 11 cases for the same period in 1991. In 1991, a total of 384 cases were reported, compared to 272 cases in 1990. Epidemiology and Disease Control is studying specific risk factors associated with the infection. 83% of the reported cases for 1991 were male and 79% of male cases with known sexual preference were gay. There is no evidence that the character of the outbreak has changed since it began. The Department will continue with efforts to control as well as to characterize the outbreak.

- Children's Dental Program: The CPHS Dental Program and the San Francisco Unified School District have planned a pilot dental sealant program for targeted second grade school children. Dental sealants are a plastic coating painted on the top surfaces of health teeth that contain pits and grooves as a barrier against tooth decay.

  The pilot program will be implemented by coordinating and utilizing member resources from the Children's Dental Health Committee, including CPHS Dental Program, UCSF School of Dentistry and Hygiene, UOP School of Dentistry, and the San Francisco Dental Society.

- Health Center #2 Walking Race: On Sunday, February 9, Health Center #2 is coordinating a 5K walk, "Stepping for Wellness" in the Western Addition with a number of community-based organizations as part of the festivities of Black History Month. The walk will promote wellness and health with a special focus on the education, prevention, and treatment of sexually transmitted diseases and HIV disease. The district served by Health Center #2 has the highest rate of STDs in the City.

DPH/CENTRAL OFFICE

- Bureau of Environmental Health: George J. Bush, the principal environmental health inspector for Health Center #1 died unexpectedly on Saturday, January 11, 1992. He worked for the Bureau of Environmental Health for 32 years and served in many capacities and programs throughout the Bureau. He will be best remembered as the teacher who shared his endless wealth of knowledge and time unselfishly so that others could benefit. Mr. Bush helped start and develop the careers of many environmental health professionals, not only in San Francisco, but the entire Bay Area. He will be greatly missed by all who knew him.

- Hazardous Waste Program: The Bureau of Toxics, Health and Safety Services Hazardous Waste Program will serve as a field placement for 3 engineering/management students from the Worchester Polytechnic Institute of Massachusetts from March 23 through May 8, 1992. The students will work on hazardous waste minimization activities to help bring city departments into compliance with federal, state and local laws to reduce or eliminate the use of hazardous materials, and the volume or toxicity of hazardous waste. In addition to city departments, the students will work closely with business, trade, community and environmental groups. The addition of 3 full-time students, at no cost to the Bureau, will provide badly needed resources to move forward in this important area.

- Emergency Response: As part of the 1992 International Airport emergency response seminar to be held on March 30 through April 3, 1992, the S.F. Airport will conduct a simulated accident of a 707 cargo aircraft carrying hazardous materials. DPH staff from the Bureau of Toxics, Health and Safety Services will participate with the FAA, S.F. Airport, San Mateo and San Francisco Fire Department, State OES, and the Coast Guard in providing hazardous materials management assistance.

DECEMBER STATISTICS

- AIDS Statistics (from 7/1/81 to 12/31/91)

| | |
|---|---|
| Total San Francisco cases: | 11,668 |
| Total San Francisco deaths: | 8,257 |
| Total S.F. cases for December: | 141 |
| Total S.F. deaths for December: | 138 |

- San Francisco General Hospital

  Inpatient

| | | |
|---|---|---|
| Average Daily Census | (except newborns): | 321 |
| Newborn Nursery: | | 25 |
| Actual Patient Days | (except newborns): | 9,629 |
| Newborn Nursery: | | 753 |
| Admissions | (except newborns): | 1,460 |
| Newborn Nursery: | | 192 |
| Average Length of Stay | (except newborns): | 6 |
| Newborn Nursery: | | 4 |
| Discharge Patient Days | (except newborns): | 9,229 |
| Newborn Nursery: | | 798 |
| Discharges | (except newborns): | 1,452 |
| Newborn Nursery: | | 202 |

  Outpatient Visits

| | |
|---|---|
| Primary Health | |
| Family Health: | 2,826 |
| General Medicine: | 1,807 |
| Pediatric: | 3,481 |
| OB/GYN: | 2,165 |
| Specialty Clinics | 10,602 |

  Emergency Room Visits

| | |
|---|---|
| Psychiatric Emergency Services: (no diversions) | 406 |

- Laguna Honda Hospital

| | |
|---|---|
| Average Daily Census: | 1,087 |
| Acute Med/Surg: | 6 |
| Acute Rehab: | 5 |
| Clarendon Hall: | 165 |
| AIDS SNF: | 7 |

- CPHS - Primary Care Visits for Health Centers

| Health Center | RN Only | MD | Total Visits |
|---|---|---|---|
| Health Center #1 | 2,197 | 955 | 3,152 |
| Health Center #2 | 562 | 222 | 784 |
| Health Center #3 | 1,195 | 453 | 1,648 |
| Health Center #4 | 1,206 | 1,047 | 2,253 |
| Health Center #5 | 981 | 361 | 1,342 |
| Tom Waddell Clinic | 1,320 | 2,250 | 3,570 |
| Potrero Hill H.C. | 560 | 603 | 1,163 |
| Southeast H.C. | 400 | 850 | 1,250 |
| Special Programs for Youth/YGC | 10,390 | 924 | 11,314 |
| TOTAL | 18,811 | 7,665 | 26,476 |

  Disease Control

| | |
|---|---|
| TB Clinic | 2,089 |
| City Clinic | 2,244 |

- Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: (24 beds for sub-acute/med complex care) | 80 |
| Community Acute Psychiatric Beds: | 5 |

## 5) ELECTION OF 1992 HEALTH COMMISSION OFFICERS: PRESIDENT AND VICE PRESIDENT

As outgoing President, Commissioner Sanchez expressed his appreciation to his fellow Commissioners, Dr. Baxter and his executive staff, and the Commission staff for their collaboration and cooperation during his tenure.

Commissioner Gray stated that she will not be supporting the election of the officers. Since her tenure on this Commission for the past 7 years, this is the first time she did not know, until last week, who would be recommended as President and, as of today, still does not know who would be recommended for Vice President. Her concern has more to do with the process; she is still a member of the Commission until the Mayor makes a new appointment and would hope that the Commissioners would consult with all of the Commissioners on the election of officers.

Action Taken: The Commission elected Commissioner Patricia Underwood to be President, being nominated by Commissioner Ludington and seconded by Commissioner Rosenstiel. Commissioner Gray dissented.

Action Taken: The Commission elected Commissioner Paul Rosenstiel to be Vice-President, being nominated by Commissioner Ludington and seconded by Commissioner Chow. Commissioner Gray dissented.

President Underwood expressed words of gratitude and feels it's a privilege to serve as President. She foresees the Commission having to make hard but fair decisions; and will be promoting communication, cooperation, and compromise among all entities: the Commission, the Department, the Board of Supervisors, and the Mayor's Office. She believes that harmony and cooperation among all of these entities will help to solve problems. President Underwood gave an example of a Japanese New Year's custom, "bonen-kai" (forgetting party), in creating that harmony and cooperation for 1992 in order to provide essential health care services in San Francisco.

## 6) PRESENTATION OF A COMPREHENSIVE PLAN TO REDUCE HIV INFECTIONS AMONG INTRAVENOUS DRUG USERS

Dr. Baxter gave a historical background on the evolvement of this comprehensive plan, with input from the community. This plan was developed in response to the Commission's Resolution #154-89 of September 12, 1989. He reported there has been an overwhelming majority support for the plan. The Executive Summary is Attachment A. Members of the public have access to the plan in the Commission Office, 101 Grove Street, Room #311.

Commissioner Gray expressed her support for the comprehensive plan as presented by Dr. Baxter, even though she previously opposed the needle exchange concept. There have been key members of the African American community who felt that drug treatment programs, not needle exchange, were needed because the African American community was disproportionately affected by drugs and crimes. She called together the African American AIDS Leadership Group, which produced a report, "AIDS in the African American Community in San Francisco - New Realities and Directions." She reported that members of the African American community are now willing to look at needle exchange in a different light and are supportive of

legal sanctions being obtained. She has been in communication with State Senator Quentin Kopp, State Senator Diane Watson, and Mayor Frank Jordan about her position on this issue.

Public Speakers: Dr. Patricia Evans, Bayview Hunters Point Foundation Research
Angela Davis, BVHPF AIDS Services (presented by Dr. Evans)
John O'Brien
Janet Nassar, Westside Community Mental Health Center
Norma Hotaling
George Clark, Prevention Point
Kerrington Osborne, Esq., AIDS Legal Referral Panel

Points made by speakers:

a) implementation and evaluation of needle exchange program should be overseen by a community advisory board.

b) community involvement and input is essential, especially from communities of color where there is a high incidence of IVDU's.

c) focus should be on treatment programs in the African American community.

d) culturally-specific outreach is crucial in reaching the affected communities.

e) injection drug-users should be approached as valuable human beings.

Commissioner Sanchez expressed his concern that this program truly be an exchange of needles and not just putting more needles on the streets. His reservation had been that the needles become so disposable, thereby increasing the number of needles and increasing the chances of workers and children getting a needlestick.

President Underwood read a letter from Mayor Frank Jordan expressing his support for the Department's Comprehensive Plan to reduce HIV infections among intravenous drug users.

Commissioner Chow complimented the Department staff on the comprehensiveness of the plan.

Commissioner Ludington requested the Commission be kept apprised of the legislative process at the State level to enact a law which will permit a pilot needle exchange program in San Francisco.

Action Taken: The Commission unanimously adopted Resolution #1-92 (Attachment B).

7) **UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH BUDGET PROCESS FOR FY 1992-93**

Dr. Baxter provided an overview of the budget preparation for FY 1992-93. He reviewed the 1991-92 budget development process and the Department's budget principles.

Susan Ehrlich, Director of Budget and Planning, reviewed the 1991-92 budget accomplishments:

- Reduced projected General Fund gap by $32.5 million.
- After adjustments for inflation and annualizations, the total General Fund was reduced by $12 million.
- Raised $19.2 million in new revenue that offset General Fund gaps.
- Achieved $11.5 million in operating costs and administrative efficiencies.
- Accommodated inflationary increases while reducing General Fund.
- Reduced direct services by only $1.8 million.
- Board of Supervisors reinstated $1 million of $1.8 million in service reductions.

Ms. Ehrlich also gave a 3-year overview of the Department's revenues and expenditures.

Dr. Baxter pointed out the following issues for the 1992-93 budget:

- The Department of Public Health must continue its strategy of addressing critical health needs of the city with diminishing local resources.
- The Mayor is requesting a 10% General Fund cut, totalling $16 million.
- The Department of Public Health needs to increase expenditures by approximately $25 million to keep pace with inflation and implement mandates. This may increase our General Fund reduction requirements.
- The Department of Public Health is facing the loss of federal and state AIDS and drug money, potentially totalling as much as $3.3 million.
- The impact of the state budget is unclear at this point, but it could result in losses of Proposition 99 funds or Medi-Cal funds.
- Because salaries were frozen in 1991-92, salary standardization will add approximately another $20 million in expenditures.
- The Department could lose up to 20% of its workforce through early retirement. Because we won't know which people will retire

until relatively late in the process, it will make it difficult to decide how to make General Fund reductions.

- As the Department of Public Health faces cuts in local funds, diminishing realignment and tobacco tax revenues, and loss of federal and state grants, our lifeline is Medi-Cal and other patient fee revenues. We must invest in the infrastructure needed to maintain and increase these revenues. Among other things, this means eligibility workers, clerical support, management information systems, and revenue specialists.

- The size and complexity of the 1992-93 budget, on the local and state level, probably means a long budget process.

- The Department will have a gap of $55 million and critical needs amounting to $13 million.

Dr. Baxter referred to the themes of the Controller's audit of San Francisco General Hospital: management incentives, revenue incentives, and investments in the infrastructure. He stated that unless the Department receives credit for its revenue generation there will be difficulty in avoiding cutbacks in services. He would like to see agreement reached among the Board of Supervisors, the Mayor, and the Controller to support Department of Public Health revenues reinvested into health care.

Public Speaker: Linda Jofuku, Local 21.

Dr. Baxter is in the process of meeting with the Department of Public Health Executive Staff and the Department of Public Health Budget Advisory Committee before coming to the Commission with the 1992-93 budget. Each of the Divisions is also meeting with their respective advisory bodies prior to the Commission's public hearing.

**8) REVIEW AND CONSIDERATION OF APPROVAL OF HEALTH FUNDING FOR CHILDREN UNDER PROPOSITION J**

Dr. Baxter introduced Rita Boyle of the Mayor's Office of Children and Youth, who gave an overview of the planning process in implementing Proposition J (Children's Initiative). Within a 90-day planning period, a series of 12 neighborhood hearings have taken place focusing on policy priorities. For FY 1992-93, the initiative calls for $5.7 million of ad valorem funds to be allocated to services for children under 18 years of age. Ms. Boyle reported that the priorities are: prevention, improvement of services and reduction of fragmentation, culturally appropriate services, and minimization of administrative costs. The plan for Proposition J goes to the Board of Supervisors in February.

Flo Stroud, Acting Deputy Director for Mental Health and Substance ABuse Services, presented the Department's recommendations of five service priorities for health.

Commissioner Chow expressed his concern that the recommendations do not appear to reflect new inroads into the increase in the Asian immigrant population. Ms. Stroud reported that, although the recommendations are not as detailed, the increase in Asian children has been identified in Visitacion Valley, the Mission and Tenderloin Districts, and that the existing health centers in these districts will be outreaching to the immigrant population.

Commissioner Ludington commended the Department on inclusion of a plan to enhance revenues even though, as Ms. Boyle pointed out, Proposition J stipulates the monies to go to direct services.

Public Speaker: John Ehrlich, Children's advocate

Action Taken: The Commission approved the following principles and concepts and five service priorities for the Proposition J plan, with details to come later:

To improve access to health care for children, it is necessary to have informed parents and adults, working with children, who are able to identify problems in a timely manner and use the existing system to get needed care. Access to health services also has to emphasize health education, prevention and early intervention services. Therefore, the Department's recommendations reflect a commitment to:

- Provide additional outreach, direct health care services including health education for children and parents in target communities.
- Provide additional mental health prevention and early intervention services in target communities.
- Provide support to service providers and parents to improve their capability to care for children.
- Improve access to health care issues for high-risk youth.

The five service priorities are:

1. Satellite Health Services to Visitacion Valley, Tenderloin, OMI and Mission Districts.

   Health, Mental Health and Education Services: $345,000

2. Augmentation of Children's Mental Health Outreach and Prevention Services

   Bilingual, Bicultural Mental Health Services: $145,000

3. Citywide Health Team for Childcare Providers

   Health, Mental Health and Education Services: $140,000

4. Citywide Nutrition Services

   Nutrition Services: $ 55,000

5. Citywide Health Revenue Specialist

   Revenue Enhancement Specialist: $ 70,000

   Grand Total: $755,000

To assist the Commission in making policy decisions, President Underwood requested the most recent demographic data and income levels at primary care centers.

9) OTHER BUSINESS/PUBLIC COMMENTS

Public Comments: Rosemary Zayas, CURAS, thanked the Commission for its support and invited Commissioners to an event on February 14, 1992. She also reported that their founding member, Rodrigo Reyes, had passed away of AIDS.

Other Business: Dr. Wayne Clark, CSAS Director, requested the Commission to add to the agenda a site approval for the National Council on Alcoholism and Other Drug Addictions. At the Commission meeting of January 7, 1992, the Director of Health requested the action on this site approval to be deferred. Dr. Clark reported that the agency is in jeopardy of losing its lease on the new site.

Action Taken: The Commission determined that an emergency situation exists and the need to take action arose subsequent to the agenda being posted; therefore, this site approval request would be added to today's agenda.

Dr. Clark reported on the process used to inform the community about the relocation and the nature of services provided by the agency.

Action Taken: The Commission approved the site relocation for the National Council on Alcoholism to 944 Market Street.

President Underwood expressed her concern that future site approvals to come before the Commission should have accurate information and that a correct process has been followed.

10) EXECUTIVE SESSION: **PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a), SETTLEMENT OF THE UNLITIGATED CLAIM OF LUCY LEONG IN THE AMOUNT OF $10,000, DPH CHARGE # DPH-SFGH 91-027, WORKER'S COMPENSATION CLAIM #911065-53.**

The Commission came out of Executive Session.

Action Taken: The Commission approved the settlement of the unlitigated claim of Lucy Leong in the amount of $10,000, plus miscellaneous other terms and conditions.

The meeting was adjourned at 5:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments (2)

## 1. Executive Summary

### The Issues

The City and County of San Francisco's Department of Public Health (SFDPH) has identified substance abuse-related HIV disease as one of the City's most serious substance abuse problems. Sharing contaminated needles, along with drug and alcohol-related unsafe sex, are means of transmitting HIV infection. The predominant reason injection drug users (IDUs) share needles is because state and federal laws prohibit legal purchase and possession of injection equipment (needles) and hence a great amount of sharing of available needles occurs.

SFDPH further agrees with the National Commission on AIDS that legal barriers to the purchase and possession of injection equipment should be removed because such legal barriers:

1. do not reduce illicit drug injection;

2. limit the availability of new or clean injection equipment and therefore encourage the sharing of needles which increase HIV transmission.

Needle exchange programs--swapping one dirty needle for one new needle--should be a part of a larger, comprehensive plan to reduce HIV infection and provide intervention with IDUs including making drug treatment and recovery services readily available for those who request them. Without the bridge to treatment, needle exchange programs may delay HIV infection and not prevent it.

By implementing a comprehensive plan for the reduction of HIV infection, which includes a legally sanctioned needle exchange program, San Francisco will:

1. reduce needle sharing among IDUs and therefore reduce the rate of transmission of HIV infection among them, their sex partners and their offspring;

2. enter IDUs into substance-abuse treatment and ultimately into ongoing recovery;

3. educate IDUs about safer sex practices and inform them of opportunities for HIV testing and other services;

4. refer IDUs to primary health care programs and early intervention programs to meet their primary health needs.

**The Reality:**

There are an estimated 16,000 IDUs in San Francisco who in any given year inject their drugs of choice, usually heroin or cocaine.

Of the more than 11,000 total AIDS cases in San Francisco, about 9.1 percent (1,022 cases) were homosexual/bisexual IDUs, and 3.1 percent (349 cases) were heterosexual IDUs (as of September 1991).

The estimated percentage of HIV infection among injection drug users in San Francisco is 16 percent.

Almost all the children in San Francisco reported with AIDS were born of a parent or parents who have a history of injection drug use. Among all women with AIDS, the main mode of transmission is injection drug use or sexual contact with an IDU.

The majority of AIDS cases among heterosexuals who don't inject drugs is traced to unprotected sex with an HIV infected injection drug user.

The lack of vaccines or other anti-viral agents for AIDS requires public health policy to continue to take extraordinary measures to prevent further transmission of HIV disease. Needle sharing is extremely hazardous for transmission of HIV because infected blood in the needle is injected directly into the body of the next person to use the needle.

**The Proposed Approach:**

SFDPH shares the opinion of the National Commission on AIDS in their report "The Twin Epidemics of Substance Use and HIV" that drug treatment on demand is the most effective strategy for reducing HIV infection among IDUs.

Six thousand IDUs sought treatment in SFDPH clinics during fiscal year 1990-91. This means that approximately 10,000 IDUs have not been treated. There are two major reasons why more IDUs are not under treatment: (1) there is not enough funding for drug treatment on demand; and (2) there is a significant percentage of IDUs who are not currently interested or able to change their drug lifestyle.

If IDUs are not in treatment, there is every probability that they will continue to inject drugs and/or participate in unsafe sex and therefore be at high risk for HIV infection. A needle exchange program can help reduce their risk of HIV infection and provide information and education on safer sex practices, HIV testing and primary care programs.

According to epidemiologic trends, the highest risk neighborhoods for injection drug use are the Mission, the Western Addition, Bayview Hunters Point and the Tenderloin.

SFDPH currently sponsors twenty-two HIV prevention programs specifically geared to IDUs. These programs total $2,094,263 representing 39.2% of total prevention funding. The programs include HIV testing, street outreach, clean needle hygiene, media campaigns and counseling. Secondary prevention aimed at IDUs through early intervention accounts for another $1,035,636. An additional $150,000 is needed to provide needle exchange and street outreach.

SFDPH recognizes the substantial contributions of Prevention Point in establishing a NEP in San Francisco. Prevention Point has grown to be one of the largest needle exchange programs in the United States and currently operates without legal sanction in several San Francisco neighborhoods. The Department of Public Health has mounted a broad-based effort to get needle exchange legislation introduced by the state in 1992. If legal sanction is provided to implement a NEP, the Department of Public Health will work closely with Prevention Point and others to enhance existing services. The Department of Public Health does not intend to establish its own NEP, but rather work with communities in designing a model NEP. The proposed NEP consists of street-based outreach, a stationary site and a mobile van. Services would be contracted to community-based organizations. Recent studies of NEPs around the country show that there is no resulting increase in injection drug use and that, in fact, NEPs have been successful in bringing substance abusers into treatment.

**Legislation Will Be Required**

Legislative action is the next step to resolve the barriers to a legal needle exchange program. Currently California State Law prohibits distributing needles without a permit issued by the Board of Pharmacy and makes it a misdemeanor for any person to furnish drug paraphernalia to be used to inject a controlled substance. Current laws must be changed, or a new law enacted which allows a person, as part of a comprehensive program, and operating under a pilot research project, to furnish hypodermic needles and syringes without a prescription or permit.

Model legislation has been drafted which would allow this to happen. However, the legislative process can be lengthy. Once proposed, legislation is introduced it passes through at least one or more committees in each House before coming to the floor for a vote by both the Senate and the Assembly. If the bill has been amended in either House, it goes to a Conference Committee which resolves any differences and then returns the bill to both Houses for a final vote. It then goes to the Governor for approval or veto.

Most legislation takes about a year to complete this process. Because of the urgency of this effort, a shorter time may be involved.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 1-92

# RESOLUTION ON THE ADOPTION OF A COMPREHENSIVE PLAN TO PREVENT THE SPREAD OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION AMONG INJECTION DRUG USERS IN THE CITY AND COUNTY OF SAN FRANCISCO

WHEREAS, there are an estimated 16,000 injection drug users in the City and County of San Francisco, 10,000 of whom are not in substance abuse treatment at this time; and,

WHEREAS, 1,431 of the total 11,668 AIDS cases reported as of December 31, 1991 were injection drug users; and,

WHEREAS, almost all the children in San Francisco reported to be infected with the HIV virus were born of a parent or parents who have history of injection drug use; and,

WHEREAS, the estimated percentage of HIV infection among injection drug users in San Francisco is 16%; and,

WHEREAS, the National Commission on AIDS released a report in July 1991 which states that:

a) Drug treatment on demand is the mosts effective strategy for reducing HIV infection among IDU's; and

b) Legal barriers to the purchase and possession of injection equipment should be removed because such legal barriers:

1. Do not reduce illicit drug injection.

2. Limit the availability of new or clean injection equipment and, therefore, encourage the sharing of needles which increases HIV transmission; and,

WHEREAS, the lack of vaccines or other antiviral agents require public health policy to continue to take extraordinary measures to prevent further transmission of HIV disease; and,

WHEREAS, the City and County of San Francisco's Health Commission and Department of Public Health have identified substance-abuse-related HIV disease as one of the City's most serious health problems; and,

WHEREAS, the San Francisco Health Commission recognizes that some in the community have concerns about needle exchange but, nonetheless, concludes that it has valuable potential to reach a population in need of health services and to reduce AIDS transmission; and,

WHEREAS, research done here in San Francisco, California; in New Haven, Connecticut; in Tacoma, Washington; in the State of Hawaii and in many other states and countries indicates that exchanging clean needles for dirty ones does significantly reduce the rate of HIV infection among injection drug users; therefore; be it

RESOLVED, that the San Francisco Health Commission accepts and endorses the Department of Public Health's paper entitled "Comprehensive Plan to Reduce the Spread of HIV Infection Among Injection Drug Users in the City and County of San Freancisco"; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission urges the Legislature ofthe State of California to enact a law which will permit a pilot needle exchange program in the City and County of San Francisco; and, be it

FURTHER RESOLVED, that the San Francisco Health Commission directs the Department of Public Health to continue working with the community to finalize the design of the program visualized in the Comprehensive Plan, to begin implementing that program, and, as soon as legally feasible, include a needle exchange program as part of their efforts to reduce the rate of HIV infection in San Francisco.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, January 21, 1992.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

itricia R. Underwood, R.N., D.N.Sc.
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# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Morl
Secretary

TEL: (415) 554-2666

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## AGENDA
## HEALTH COMMISSION
Tuesday, February 4, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 21, 1992**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Pierre Ludington)

(3.1) CO - AIDS - Request to accept and expend a continuation grant in the amount of $419,108 from the California Department of Health Services, Office of AIDS for the period of January 1, 1992 through December 31, 1992, to provide the case management and home-based care services available through the MediCal Waiver Program.

(3.2) CO - AIDS - Request to accept and expend a continuation grant in the amount of $8,309,963 from the Health Resources and Services Administration (HRSA) for the period of February 1, 1992 through January 31, 1993, to provide services of the Ryan White Comprehensive AIDS Resources Emergency Disaster Relief (CARE/Title I) program.

(3.3) DMSF - CSAS - Request to sole source contract with the University of California/Program for AIDS Counseling and Education (PACE) in the total amount of $366,151/year to provide outpatient substance abuse and AIDS/HIV prevention services for the period of July 1, 1991 through June 30, 1995.

(3.4) DMSF - CSAS - Request to sole source contract with the University of California/AIDS Health Project in the amount up to $190,000/year and companion renewal contract in the amount of $156,466/year to provide substance abuse and AIDS/ARC/HIV services for the period of July 1, 1991 through June 30, 1995. (DPH Contracted with UCSF for services totaling $5,326,966 in FY 90-91 exclusive of the Affiliation contract)

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

5) CONSIDERATION OF THE REVISED HAZARDOUS MATERIALS PERMIT AND DISCLOSURE ORDINANCE

6) PRESENTATION OF DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET AND CRITICAL NEEDS FOR FY 1992-93

7) PRESENTATION OF THE/BLACK INFANT HEALTH PROJECT

8) OTHER BUSINESS/PUBLIC COMMENTS

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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## MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, February 4, 1992
3:00 P.M.
at
101 Grove Street, Room 300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:00 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

Absent: Commissioner Paul Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JANUARY 21, 1992

Action Taken: The Commission adopted the minutes of the regular meeting of January 21, 1992.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Paul Rosenstiel)

(3.1) CO - AIDS - Request to accept and expend a continuation grant in the amount of $419,108 from the California Department of Health Services, Office of AIDS for the period of January 1, 1992 through December 31, 1992, to provide the case management and home-based care services available through the MediCal Waiver Program.

(3.2) CO - AIDS - Request to accept and expend a continuation grant in the amount of $8,309,963 from the Health Resources and Services Administration (HRSA) for the period of February 1, 1992 through January 31, 1993, to provide services of the Ryan White Comprehensive AIDS Resources Emergency Disaster Relief (CARE/Title I) program.

The annual monitoring report will be forwarded to the Commission.

(3.3) DMSF - CSAS - Request to sole source contract with the University of California/Program for AIDS Counseling and Education (PACE) in the total amount of $366,151/year to provide outpatient substance abuse and AIDS/HIV prevention services for the period of July 1, 1991 through June 30, 1995.

(3.4) DMSF - CSAS - Request to sole source contract with the University of California/AIDS Health Project in the amount up to $190,000/year and companion renewal contract in the amount of $156,466/year to provide substance abuse and AIDS/ARC/HIV services for the period of July 1, 1991 through June 30, 1995. (DPH Contracted with UCSF for services totaling $5,326,966 in FY 90-91 exclusive of the Affiliation contract)

Commissioner Chow requested at a future Health Commission meeting an overview of Ward 93 and the various programs located at San Francisco General Hospital. The overview would include the target population, kinds of services, and the funding for the programs.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

President Underwood has made the following appointments of Commissioners to Committees:

| | |
|---|---|
| Budget Committee: | Commissioner Pierre Ludington, Chair<br>Commissioner Edward A. Chow, MD<br>Commissioner Naomi Gray, MSW, ACSW<br>Commissioner Margel F. Kaufman |
| Joint Conference Committee of DMSF: | Commissioner Patricia Underwood, RN, DNSc, Chair |
| Joint Conference Committee of LHH: | Commissioner Margel Kaufman, Chair<br>Commissioner Edward A. Chow, M.D.<br>Commissioner Naomi Gray, MSW, ACSW |
| Joint Conference Committee SFGH: | Commissioner Edward A. Chow, MD, Chair<br>Commissioner Paul Rosenstiel |
| Joint Conference Committee of Community Public Health, AIDS & EMS: | Commissioner Pierre Ludington, Chair |

President Underwood announced that she will have office hours at the Commission Office. Anyone who would like to meet with her should contact Sandy Mori, Secretary to the Commission, for an appointment.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

SAN FRANCISCO GENERAL HOSPITAL

- Diversion: On January 21, 1992, I reported that during December 1991, hospital diversion of ambulance patients at SFGH and community hospitals increased significantly above normal levels. In January the rate of hospital diversion has improved; however, the situation needs to be carefully monitored through the winter months.

As previously described, SFGH took action this past month to meet the unusual level of activity in the EMS system and the demand for beds. On January 13 SFGH opened and staffed two additional ICU beds (increasing capacity to 24) and 4 additional medical surgical beds. In addition, 4 more medical surgical beds were opened on January 24th.

Largely as a result of these steps, the rate of diversion at SFGH has been dramatically reduced. In December SFGH averaged 33% of the month on critical care diversion. In early January, prior to the opening of the beds, diversion peaked at over 50%. Since the opening of additional beds, diversion dropped to 2% bringing the January average to 23%.

High rates of diversion at SFGH raise concern from the community hospitals that SFGH will not be able to accept the transfer of indigent patients back to SFGH. However, throughout January SFGH has continued to accept MIA's from community hospitals. SFGH accepted 26 MIA patients (as of 2/3/92) from community hospitals. SFGH staff also provided training for community hospital admitting staff to review the procedures for transferring MIA's to SFGH.

There is a system for identifying MIA's received at community hospitals during times that SFGH is on diversion (priority A transfers); however, during December the community hospitals did not identify priority A requests for transfer to SFGH.

Yesterday, I met with the West Bay Hospitals Council, San Francisco Section CEOs. Most of the community hospitals are having experiences similar to what I have described to you at SFGH. The community hospital CEOs offered several proposals which would offset the financial burden they incur when SFGH is on diversion. The Department will work with the hospital council to investigate these proposals, evaluate their costs and benefits, and to develop a more collaborative relationship with the community hospitals on legislative and strategic issues.

LAGUNA HONDA HOSPITAL

- Facility Master Plan: The community advisory group has reviewed the details of the final facility assessment report, the recommendations of the planning team, and a the Bond Program Draft Report. A full report will be presented at the next meeting of the Health Commission.

- 125th Anniversary Kickoff: On Monday, February 10 at 2 p.m., the Commissioners are invited to attend a celebration in Simon Auditorium honoring the hospital's 14 centenarians and three 99 year olds and to kick-off the hospital's 125th anniversary celebration. The McAteer High School Choir and children from West Portal School will be among the groups participating in the program. Local and national press have been invited for a photo opportunity and to learn about upcoming activities celebrating the hospital's 125 years of caring.

- Earthquake Repairs: Work has begun on repairs throughout the facility necessitated by the Loma Prieta earthquake.

- Valentine's Dinner/Dance: The sixth annual Valentine's Day Dinner/Dance for residents, co-sponsored by Pastoral Care and the Therapeutic Activities Department, will be held on Friday, February 14 in Simon Auditorium.

COMMUNITY PUBLIC HEALTH SERVICES

- TB Control Program: For the past year, I have been reporting on a slow but steady rise in the number of reported TB cases in San Francisco. In March, 1991, I informed you about an outbreak of TB at a HIV residential program. The outbreak was unusual in the rapidity of progression from exposure to active disease as well as the attack rate. I also informed you about the TB screening protocol that was instituted for all HIV residential programs to prevent any further outbreaks. I have continued to give you regular reports on the Department's activities to control the spread of TB. At the last meeting of the Commission, I indicated I would give you an update and overview of the DPH Tuberculosis prevention program today.

  According to Dr. Gisela Schecter, Director of TB Control, for the past 5 years the number of new active TB cases has varied from 286 to 334 cases per year with only a slight upward trend:

| Year | Cases |
|---|---|
| 1987 | 322 |
| 1988 | 313 |
| 1989 | 286 |
| 1990 | 334 |
| 1991 | 333 |

  Active TB cases in San Francisco decreased from 322 to 286 from 1987 to 1989, then increased to 334 in 1990, a 17% increase. This increase compares with a statewide increase of 40% during the same period. Nearly all of the increase in San Francisco was attributed primarily to two major populations, the HIV infected and the homeless, along with those who provide services to these groups. These cases were over and above the historically high rate of active TB in San Francisco associated with the immigrant population. Dr. Schecter reports that 60% of the cases in the City continue to be among the foreign born and about 20% are AIDS related.

  Recently, there has been national concern regarding multi-drug resistant TB (MDR-TB). Multi-drug resistant TB usually results from inadequate or incomplete treatment. In San Francisco, 95% of TB cases complete treatment compared to 11% in New York City. Due to DPH's strong TB control program, San Francisco has not had a significant problem with multi-drug resistant TB (MDR-TB) such as has occurred in New York. In 1990 there were no cases of MDR-TB in San Francisco, and in 1991 there were only 2 cases, both in foreign-born patients with previous treatment and none among patients with HIV-disease.

  In spite of the City's large population of immigrants, homeless, and HIV-infected individuals, San Francisco has avoided the explosive increase in active TB found in other counties. This has been due, in large part, to the extensive and aggressive efforts implemented by the Department's TB Control Program in conjunction with the AIDS Office, Primary Care Clinics, Health Care for the Homeless Program, and the Department of Medicine at SFGH for diligent screening, early diagnosis, and treatment efforts. A TB Alert and guidelines for prevention were widely distributed in the community for TB screening.

The TB Control Program directly treats 60% of the TB cases in San Francisco and monitors treatment of all other cases in the private sector. A strong directly observed therapy (D.O.T.) program completes therapy in 95% of cases yearly. In the D.O.T. program, health workers see patients daily to ensure compliance with treatment protocols.

The comprehensive TB prevention strategy includes:

- Screening protocols at all HIV residential and day treatment programs and homeless shelters for clients and staff;
- Schedules for TB skin testing have been increased from annually to biannually in selected at-risk areas for SFGH employees;
- Public and clinician awareness of the connection between HIV and TB, including the need for regular screening for TB among high risk populations;
- Prophylactic therapy for preventing active cases of tuberculosis among those who have been exposed to TB;
- Evaluation of ventilation systems in the hospital, clinics, and and congregate living sites; increased use of ultraviolet lights to kill TB bacilli;
- Reminders to all clinicians to increase the index of suspicion of TB in patients with respiratory symptoms.

In order to continue to maintain an aggressive TB control program, the Department has included a number of TB related expenditures in the DPH baseline budget or in the SB 855 proposal:

| | |
|---|---|
| $ 50,428 - | On-going funding for TB diagnostic culture program that will be defunded in 1992-93 |
| $ 34,506 - | Infection control nurse for quality assurance management in health centers - for blood and air borne illnesses |
| $ 22,800 - | Screening, immunization and record-keeping on DPH employees - for blood and air-borne illnesses |
| $300,000 - | Heating, ventilation and air-conditioning repair in health centers to curb transmission of TB and other air-borne infectious agents |
| $ 74,009 - | Environmental improvements, disease control, screening & treatment to reduce spread of TB in homeless shelters and residential programs for HIV-infected, including personnel and contract for mobile x-ray services |
| $ 40,000 - | TB culture incubators for health centers |
| $ 70,000 - | Microbiology testing around antimicrobial susceptibility |
| $300,000 - | Training, supplies, etc., for infection control, including TB control |
| $891,743 | |

In addition, SFGH has reprioritized use of AB 75 capital funds to develop eight special use rooms for TB patients - $300,000

The TB Control Program is involved in providing preventive therapy to over 3,000 San Francisco residents yearly. There are contacts to infectious cases, school children with latent TB infection, persons with HIV infection and latent TB infection, newcomers from countries with high incidence of TB, and clients in methadone maintenance programs with skin test evidence of TB infection. TB screening is mandated for all new school enterers, refugees, immigrants with abnormal x-rays, and drug treatment clients. The TB Control Program also undertakes screening in workplace, school, and institutional settings when exposure to active TB has occurred. In conjunction with the Health Care for the Homeless Program, the TB Control Program is involved in TB screening in the shelters and lunch lines. The Program maintains a TB surveillance system that involves every laboratory in the City that does mycobacterial isolation as well as physician reporting. Cases are monitored for incidence as well as adequacy and completion of treatment if cared for in the private sector.

Dr. Schecter recently provided assistance to the Department of Social Services after a probable case of active TB was reported in an employee. All employees at the facility received TB screening. Dr. Schecter has also been involved with 3 cases of TB in the jail populations. All three inmates were hospitalized and treated at SFGH's Security Ward. All inmates and jail staff have been administered TB screening tests. Dr. Schecter is undertaking a survey of health care workers and other city employees who have converted to active TB.

The New England Journal of Medicine published an article on January 23 on a study of the rapid spread of TB in persons infected with the AIDS virus conducted jointly by the San Francisco Department of Public Health and UCSF researchers at San Francisco General Hospital. The study focused on the outbreak of TB at the HIV residential facility. The study reported that HIV-infected patients with TB respond well to early drug treatment and patients exposed to TB also respond well to prophylactic drug therapy to prevent active TB. Among the co-investigators were Charles Daley, M.D. UCSF adjunct assistant professor of medicine and SFGH chest service, and Gisela Schecter, M.D., M.P.H. SFDPH and UCSF assistant clinical professor of medicine.

I have asked Dr. Frances Taylor, Acting Health Officer to chair a Departmental Tuberculosis Task Force. Its members will include Dr. Schecter and staffs from SFGH, LHH, CPHS, AIDS Office, Health Care for the Homeless, Bureau of Environmental Health, Forensic Service, and Mental Health/Substance Abuse. The task force will look at issues of 1) ventilation and air disinfection; 2) monitoring of staff for skin test conversion; 3) standardization of use of TB skin tests, and additional testing for immunologic reaction to skin tests in the HIV infected; 4) developing appropriate systems and protocols for managing INH prophylaxis therapy.

This overview and update were provided at the City Services Committee today at a hearing requested by Supervisor Alioto to consider legislation to address preventative measures to stem the spread of tuberculosis.

- Pilipino Health Mini-Forums: The Family Health Bureau in conjunction with the Pilipino Health Forums 1992 Committee, has announced a series of

mini-forums on Pilipino health and mental health issues. The community has been invited to voice their concerns and make recommendations on health and mental health issues in the Pilipino community. The topics to be covered are: mental health, youth health and mental health, AIDS and sexuality, maternal and family health, and substance abuse.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Needle Exchange: Last Thursday, the Mayor signed the resolutions introduced by Supervisor Alioto and adopted by the Board of Supervisors supporting a needle exchange program in San Francisco. The resolutions endorsed, pending state legislative approval, the "Comprehensive Plan to Reduce HIV Infections Among Intravenous Drug Users" adopted by the Health Commission on January 21, 1992 and identified funding for the implementation of that plan. I attended the press conference with Dr. Sandra Hernandez and Dr. Wayne Clark. Commissioners Gray, Rosenstiel, and Kaufman also attended. Copies of the resolutions have been forwarded to the Health Commission.

DEPARTMENT-WIDE PROP J PROPOSAL

- DPH Children's Funding: Yesterday, the Mayor's Office forwarded its recommendations for Prop J children's funding to the Board of Supervisors. The Department's proposals, approved by the Health Commission, for the following services were included:

  $345,000 - Satellite health services to V. Valley, Tenderloin, OMI, and Mission districts
  $145,000 - Augmentation of mental health outreach & prevention
  $140,000 - Citywide health teams for childcare providers

  Two other DPH proposals for nutrition services ($55,000) and citywide health revenue specialist ($70,000) were not approved. Instead $125,000 was included for the School District for $100,000 to implement SB 620 (Healthy Start for Children) and $25,000 for School District match for CHDP.

CENTRAL OFFICE

- Forensic Service/San Bruno Jail Riot: Jail nursing staff performed admirably last Saturday night under crisis conditions during a riot in one section of the San Bruno Jail (CJ 3). Evening staff evaluated and triaged 17 of the most seriously injured inmates who were sent to area hospitals' emergency rooms. Night shift staff received returning inmates and made arrangements for follow-up care. No inmates required on-going hospitalization. No Forensic Services staff or Sheriff's Deputies were injured. As of yesterday, the jail remains on lock-down.

- Public Health Alert: Last week, the Bureau of Environmental Health Services, with the Public Information Office, issued a warning to the public of possible health consequences associated with Riviera Mediterranean Vegetable Soup. The soup was distributed by the Salvation Army to several Senior Centers in the City for distribution.. All the 20-ounce cans examined were found to be swollen indicating the possible presence of anaerobic spore-forming organisms and samples were submitted to the State laboratory for analysis. The Salvation Army immediately began retrieving the soups distributed to the Centers and informed BEH on Friday at 5 p.m. that they had located almost all of the product.

- Status of VDT Lawsuit: The Bureau of Toxics, Health & Safety Services reports that on January 24, Judge Lucy McCabe of the San Francisco Superior Court denied the motions for summary judgment on the Video Display Terminal lawsuit of both plaintiffs and defendants (City and SEIU Local 790) on procedural grounds. Judge McCabe asked the parties to submit supplemental papers in three weeks to correct procedural issues and clarify substantive issues. The immediate result of the Judge's rulings is that the VDT Ordinance went into effect on January 26 and remain in effect at least until the next hearing. At that time, the court will reconsider the motions for summary judgment and may rule on the constitutionality of the ordinance.

- Home Syringe Disposal Program: Last week, the Bureau of Toxics, Health & Safety Services met with the group coordinating the Home Syringe Disposal Program to evaluate the six month pilot program. The latest tracking data indicates that the return rate for sharps containers distributed by Walgreen's Pharmacies is 36%. Toxics, in concert with the Home Syringe Disposal Task Force is seeking information to explain the low return rate. The program participants feel the safe syringe collection program is providing an important service and most have committed their support through June 30, 1992. The CAO's Office will apply for a grant to the California Integrated Waste Management Board for future funding for this program.

- PGE Power Plant Expansion: In response to community concerns about the renovation and expansion of the PG&E Hunter's Point Power Plant, staff from Toxics, Health & Safety have been involved, along with PGE and community representatives in measuring electromagnetic fields and radiofrequency radiation on the outskirts of the power plant and at nearby residences. The results were reported at a community meeting at the Southeast Community College Campus last night. It was reported that since there are no standards for acceptable levels of electromagnetic fields, the State is doing additional research on this issue to evaluate the potential health effects from the measurements. PGE and Toxics will monitor the program. Another community meeting will be scheduled at a residential facilities close to the PGE site.

- Sutro Tower Community Meeting: On January 29, Sutro Tower, Inc. gave a presentation on interferences and readiofrequency transmission at a meeting of the Twin Peaks Improvement Association. Over 60 residents attended the meeting. DPH Toxics, Health & Safety staff attended to answer questions on health related issues. Dr. Raymond Neutra, State consultant, is continuing to study radiation levels and possible health effects.

JANUARY STATISTICS

- AIDS Statistics (from 7/1/81 to 1/31/92)

| | |
|---|---|
| Total San Francisco cases: | 11,786 |
| Total San Francisco deaths: | 8,448 |
| Total S.F. cases for January: | 118 |
| Total S.F. deaths for January: | 191 |

- Laguna Honda Hospital

| | |
|---|---|
| Average Daily Census: | 1,086 |
| Acute Med/Surg: | 6 |
| Acute Rehab: | 6 |
| Clarendon Hall: | 165 |
| AIDS SNF: | 9 |

5) CONSIDERATION OF THE REVISED HAZARDOUS MATERIALS PERMIT AND DISCLOSURE ORDINANCE

Dr. Larry Meredith, Deputy Director for Operations, provided an overview of the proposed revisions to the Hazardous Materials Permit and Disclosure Ordinance (Article 21 of the San Francisco Health Code). These are the first major revisions since 1986. The reasons for these needed revisions are:

1) To further maximize use of limited resources and staff.

2) To improve Department of Public Health capabilities in providing adequate support for emergency response services.

3) To reduce the risks to emergency response personnel and the public.

4) To generate sufficient revenue to cover operating costs.

5) To provide consistency with state and federal laws.

6) To reduce the burden of compliance for industry.

7) To address equity concerns of the business community.

The revisions were put together with the Hazardous Materials Advisory Committee, the Small Business Advisory Commission, and the Office of the City Attorney.

Commissioner Kaufman raised the issue of quality assurance in the toxics field work. Dr. Meredith reported that within the Toxics Unit there are state and federal agencies (i.e.: EPA, Water Quality Board) that would trigger irregularities; and there are accountable supervisory structures to have checks and balances.

Supervisor Angela Alioto made a presentation expressing her support for these proposed revisions. She will carry the legislation to the Board of Supervisors. She emphasized the importance of these revisions to improve the safety of emergency health workers and to identify where the hazardous materials are in the community.

Public Speakers: Espanola Jackson, District 7, Democratic Club
Neil Gendel, Co-Chair of Hazardous Materials Advisory Committee

Commissioner Gray would like to hold a meeting in Bayview Hunter's Point on lead in the housing projects.

Action Taken: The Commission adopted Resolution #2-92, (Attachment A).

6) PRESENTATION OF DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET AND CRITICAL NEEDS FOR FY 1992-93

Dr. Raymond Baxter reported that the 1992-93 Department of Public Health Baseline Budget (Attachment B) shows an initial estimate of funds required to continue the same services it is providing this year, including items that would address critical community health needs (Attachment C) next year. Department of Public Health will have to close an estimated $44 million general fund gaps (Attachment D).

Susan Ehrlich, Director of Budget and Planning, emphasized to the Commission that these figures will be changing. The Department has initially asked each Division to target the following to close the gap:

| | |
|---|---|
| • DMSF | $ 13.0 million |
| • SFGH | $ 16.8 " |
| • LHH | $ 4.5 " |
| • CA | $ 1.2 " |
| • CPHS | $ 1.6 " |
| • AIDS | $ .7 " |
| • Toxics/EH | $ 1.2 " |
| | $ 39.0 " |

Public Speaker: Joseph M. Hurley, Teamsters Local 856

President Underwood requested a clear view of which services the general fund covers. Dr. Baxter is emphasizing to the Divisions to re-look at their critical needs. However, the revenues generated by Department of Public Health ought to be used as credits to protect service cuts.

The Department will submit to the Commission the proposed budget cuts for 1992-93 for a March 3, 1992 public hearing.

7) PRESENTATION OF THE BLACK INFANT HEALTH PROJECT

Dr. Raymond Baxter highlighted the following issues coming out of the Black Infant Health Project:

- High rates of adolescent pregnancies among African Americans.
- Poor rate of first trimester entry to prenatal care and maintenance of African Americans in care through pregnancy.
- High rate of low birth weight and infant mortality.
- High incidence of perinatal substance abuse and dependency petitions.
- Increasing rate of STD's including syphillis among women of reproductive age, demonstrating an increased risk for HIV infection.

Dr. Gerry Oliva, Acting Deputy Director for Community Public Health, presented an overview of the Black Infant Health Report, which includes current statistics and trends in factors related to prenatal care, gestational age, birth weight, adolescent pregnancy, and hospital sites. The report was produced as part of the Black Infant Health Improvement Project and includes recommendations from the Black Infant Health Task Force, an advisory group composed of representatives of community based organizations, health and social service providers, and community residents.

Ginger Smyly, Perinatal Coordinator of the Family Health Bureau, presented the following recommendations and the Department's response:

1) Establish an ongoing perinatal child health monitoring/surveillance project that focuses on African Americans.

BI-HIP will be producing a Black Infant Health Report for 1991. The Family Health Bureau, BEDC, Budget and Planning have established an annual Child Health Monitoring Report which will include race specific data on perinatal and child health for all groups.

2) Establish within the community of concern (individuals, neighborhoods, providers, and DPH), accountability/responsibility for improving Black infant health.

The Black Infant Health Task Force will continue to be staffed by the Family Health Bureau through the remainder of the contract period (June 30, 1993). It is hoped that the Task Force will grow and gain the support and participation of DPH staff, private providers and other community leaders to develop the "responsibility/accountability" for monitoring and improving black infant health.

3) Identify African American providers in public and private sectors and forge cooperative agreements to increase services that are African American sensitive for the target populations. Identify African American sensitive hospital staff (MSW's, RN's, nutritionists, health educators to work with African American women at SFGH obstetric and pediatric services.

Part of BI-HIP provides for a 20-hour per week evening MSW available to African American perinatal patients at SFGH to intervene, interview and assess their needs. Often the MSW is able to calm the patient and permit her to speak with SFGH staff on sensitive subject. Following the patient's discharge, follow-up in the community is done in order to ensure that she receives the needed services. These services proved valuable two years ago and were discontinued due to the completion of a grant. This service will be evaluated during the final year of the contract.

4) Explore causes of low birth weight, infant mortality, and develop feasible and effective responses.

A preliminary study group has been convened by FHB to determine whether a NIH research grant to look at the causes and prevention of low birth weight is feasible for DPH.

5) Follow-up and report on the status of low birth weight babies.

Currently most infants born with serious health problems are followed by PHN's GGRC or other programs. At this time there is no one coordination point that could report on the progress of all low birth weight babies. This will be considered under the above response.

6) Identify and implement African American sensitive/focused programs that address adolescent pregnancy, low birth weight and mortality prevention and other issues.

The BI-HIP project endeavors to address Black infant health in the Bayview Hunter's Point area of the City. In addition to the MSW at SFGH, Community Support Center based in the BVHP will be offering referral information, education and practical support to pregnant and post-partum women. Other efforts are underway and should be identified as part of the communitywide effort to address the problem.

7) Establish a model African American women's clinic that incorporates cultural competency and is acceptable to the target group.

The Task Force proposes that a model of African American sensitive and focused care for women be established. In times of shrinking resources, this may mean first identifying what is culturally sensitive or competent, what would be African American focused. Including the target population and its representatives in the process will ensure acceptability of eventual services. Reorganization of resources and training of staff may move us in this direction.

8) Establish tobacco-free education, prevention and intensive cessation activities for African American women of reproductive age and their families.

The Task Force is aware that smoking during pregnancy is a significant cause of low birth weight. Approximately 30% of African American women in California smoke. FHB and the Tobacco Control Project will be presenting a plan for the use of Health Education funds designated for perinatal services that addressess this issue.

9) Provide family life and parent education to African American families.

Planned Parenthood of San Francisco has a State OFP grant to outreach to and educate adolescents. This grant was developed in collaboration with the DPH Family Planning Coordinator. Public Health nurses in in several areas of the city have girls groups which also address these and other issues, including self esteem. More work is needed to reach to the hard to reach African American families.

Members of the Task Force present were introduced. Anita de Franz, Ph.D., spoke in behalf of the Task Force.

Commissioner Gray thanked the Task Force for their work and pointed out that socio-economic barriers to health care should be of particular concern because our target population should be poor women, who are generally hard to reach. Commissioner Gray also emphasized the importance of consumers serving on the Task Force.

Commissioner Chow requested that because this report is very challenging that a follow-up on changes in the statistics is needed.

Public Speaker: Espanola Jackson

Action Taken: The Commission accepted the Report on the Black Infant Health Project.

8) OTHER BUSINESS/PUBLIC COMMENTS

Other Business: Edward Benner submitted copies of correspondence with California Medical Services, Inc.

Public Comments: Nathaniel Mason, NAACP
Joe Bell, Ella Hills Hutch Community Center
Booker T. Washington Center
S.F. Ministers' Alliance

The speakers each questioned the process and procedures of the recent election of Commission officers. They expressed their concern that Commissioner Gray of the African American community was excluded in the decision-making process.

President Underwood thanked the speakers.

In terms of process, Commissioner Kaufman commented that she never went to a meeting nor was called.

The meeting was adjourned at 4:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 2-92

## RESOLUTION TO RECOMMEND ADOPTION OF THE REVISED HAZARDOUS MATERIALS ORDINANCE

WHEREAS, the purpose of the Hazardous Materials Ordinance is to protect the health, safety and welfare of the community, the environment, and emergency response personnel; and,

WHEREAS, the Hazardous Materials Ordinance incorporates provisions of state and federal laws pertaining to the regulation of hazardous materials, and underground storage tanks; and,

WHEREAS, the estimated number of hazardous materials storage facilities in San Francisco is approximately 10,000 and the number of underground storage tanks is approximately 2,000; and,

WHEREAS, the Department of Public Health is mandated by the Hazardous Materials Ordinance to generate by fees sufficient revenues to cover all costs for implementation and enforcement of the ordinance; now, therefore, be it

RESOLVED, that the San Francisco Health Commission recommend adoption of the proposed revisions to the Hazardous Materials Ordinance.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, February 4, 1992.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment A

# 1992-93 DEPARTMENT OF PUBLIC HEALTH BASELINE BUDGET UPDATE

| Expenditure & Revenues | 1991-92 Revised Budget | 1992-93 Baseline Budget Inflationary Adjustment: Step Increases | Annualizations | Upgrades | Community COLA's 4.5% | General COLA's 4.5% | Medical COLA's 9% | Pharmacy COLA's 15% | Other Inflationary Increases | Total Infla. Adjustments | 1992-93 Baseline Budget Adjusted for Inflation | Items of Critical Need | Total Proposed Baseline Increases | 1992-93 Total Proposed Baseline Budget |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TOTAL DEPARTMENT OF PUBLIC HEALTH | | | | | | | | | | | | | | |
| Personnel | 310,086,845 | 4,734,880 | 521,154 | 759,742 | 0 | 0 | 0 | 0 | 1,703,377 | 7,718,953 | 317,765,798 | 4,581,083 | 12,276,575 | 323,102,498 |
| Operating & Capital | 219,919,357 | 0 | 1,118,676 | 0 | 7,303,374 | 1,780,732 | 1,497,082 | 4,495,110 | 582,376 | 16,757,332 | 236,676,689 | 10,386,018 | 27,004,077 | 247,478,234 |
| Total Expenditures | 529,988,202 | 4,734,880 | 1,639,830 | 759,742 | 7,303,374 | 1,780,732 | 1,497,082 | 4,495,110 | 2,285,755 | 24,476,285 | 554,462,487 | 14,949,101 | 39,282,652 | 570,578,730 |
| Revenues | 358,812,789 | 0 | 794,887 | 0 | 0 | 0 | 0 | 0 | 0 | 794,887 | 359,607,676 | 48,683 | 841,750 | 359,545,884 |
| General Fund | 160,824,025 | 4,700,752 | 630,363 | 706,309 | 7,303,374 | 1,754,205 | 1,497,082 | 4,495,110 | 2,279,139 | 23,366,334 | 183,992,359 | 14,325,678 | 37,581,002 | 199,394,054 |
| Work Order Recovery | 10,749,388 | 33,928 | 214,580 | 51,433 | 0 | 6,527 | 0 | 0 | 6,616 | 313,084 | 11,062,452 | 576,580 | 879,900 | 11,639,012 |
| Total Revenues | 529,988,202 | 4,734,880 | 1,639,830 | 759,742 | 7,303,374 | 1,780,732 | 1,497,082 | 4,495,110 | 2,285,755 | 24,476,285 | 554,462,487 | 14,949,101 | 39,282,652 | 570,578,730 |

Attachment B

# PROPOSED ITEMS OF CRITICAL NEED
# 92-93 BASELINE BUDGET

Mandated Program Needs

| | |
|---|---|
| Community Public Health Services Disaster Supplies | 75,000 |
| Department-wide Infection Control--HIV, TB, Hepatitis B | |
| • SFGH | 1,168,020 |
| • CPHS | 638,141 |
| Toxics, Health & Safety | |
| • Mission Bay Oversight | 375,569 |
| • VDT Program Implementation | 105,084 |
| • Hunters Point Naval Shipyard Onsight | 105,140 |
| Forensics Services | |
| • Jail #7 restoration | 169,000 |
| • Jail #3 grievance | 100,902 |
| Binding Disciplinary Arbitration | |
| • Central Administration | 655,909 |
| • Laguna Honda Hospital | 136,870 |
| • San Francisco General Hospital | 190,711 |

## Expenditures to Cover Ongoing Program Needs

| | |
|---|---|
| **San Francisco General Hospital** | |
| • Risk management | 120,000 |
| • Joint Commission preparation | 666,500 |
| • Affiliation administration | 93,750 |
| • Medical staff office/director | 262,500 |
| • Salary savings reduction | 750,000 |
| **Laguna Honda Hospital** | |
| • Temp salary billing conversion | 25,000 |
| • Administrative residents | 30,000 |
| • Medical records clerks for RBRVS | 46,863 |
| • Increased lease cost--laundry equipment | 120,000 |
| • Pharmacy secretary | 33,380 |
| • Risk management | 51,548 |
| • Salary savings reduction to 6% | 964,425 |
| • Worker's compensation underfunding | 267,300 |
| **Mental Health** | |
| • Baker Places funding loss | 1,083,000 |
| • MIS software modification for realignment | 159,950 |
| • Telephone conversion | 100,000 |
| • Various staffing augmentations | 486,744 |
| • Salary and fringe savings adjustment by 1% | 184,576 |
| • Operating cost increases | 380,018 |
| **Substance Abuse** | |
| • Drug treatment -- offset federal funding losses | 2,000,000 |
| • Increased MIS maintenance costs | 68,000 |
| • Staffing augmentations | 129,904 |
| • Equipment | 26,400 |
| • Salary savings reduction | 63,063 |

| | |
|---|---|
| Forensics Services | |
| • Rape Treatment Center move | 45,000 |
| • Salary savings reduction | 136,754 |
| • Staffing augmentations | 227,690 |
| • MIS | 104,297 |
| • Operating cost increases | 154,294 |
| Central Office Administration | |
| • DPH Publications | 20,000 |
| • Voice mail | 20,000 |
| • Classification study | 60,000 |
| • Budget & Planning operating cost increases | 19,347 |
| • MIS annualization | 186,919 |
| DPH - Ongoing MIS Program Costs | |
| • Central Office | 203,919 |
| • DMSF | 199,671 |
| • LHH | 6,339 |
| • SFGH | 243,372 |
| Community Public Health | |
| • Operating cost increases | 265,413 |
| • Aftercare medical services (SFGH/Homeless) | 96,890 |
| AIDS Office State funding loss | |
| • Education and Prevention | 124,948 |
| • Early Intervention | 13,500 |
| • Pilot Care | 6,518 |
| • Residential AIDS Shelters | 3,525 |
| • Block Grant | 95,112 |
| Bureau of Environmental Health | |
| • Operating shortages | 176,824 |

New Program Needs

| | |
|---|---|
| Mental Health, Substance Abuse, AIDS, Acute Care | |
| • Medical Detox | 1,300,000 |
| Toxics, Health & Safety | |
| • CFC recovery/recycling | 91,756 |
| • Lead prevention | 311,439 |

# Estimate of General Fund Gap To Close

$ 39 million baseline and critical needs increases

$ 27 million general fund cuts required

$ 66 million gap

$ 20 million allowable baseline increases

$ 2 million allowable new programs (toxics, binding arbitration, forensics)

$ 44 million general fund gap to close

## Options for Closing the General Fund Gap

- SB 855 revenues
- Division revenues
- Administrative and operating cost reductions
- Service cuts

Attachment D

H20 #1 2/18/92

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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AGENDA
HEALTH COMMISSION
Tuesday, February 18, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 4, 1992

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Pierre Ludington)

(3.1) DMSF - CMHS - Adult Community - First modification to the contract with Ramsell Corporation to increase the contract amount by $300,000, to annualize the SB 155 program and purchase residential care for two (2) additional clients for the remainder of the year and to decrease contract amount by $4,000, to cover budget reduction approved by the Board of Supervisors for a net increase of $296,000 for the period of July 1, 1991 through June 30, 1992. (DPH contracted with Ramsell Corporation for services totaling $772,019 in FY 1990-91).

(3.2) DMSF - CMHS - Adult Community - Renewal contract with Westside Community Mental Health Center, Inc. in the amount of $679,696/per year, to provide mental health outpatient, adolescent partial day, case management and outreach services for the period of July 1, 1991 through June 30, 1994. (DPH contracted with Westside Community Mental Health Center, Inc. for services totaling $2,542,934 in FY 1990-91).

(3.3) DMSF - CSAS - Modification of contract with Horizons Unlimited of San Francisco, Inc. in the amount of $161,700/year, to provide outpatient substance abuse treatment and prevention, education, identification, information and outreach services to multicultural youth for the period of January 1, 1992 through June 30, 1992. (DPH contracted with Horizons Unlimited of San Francisco, Inc. for services totaling $451,727 in FY 90-91).

(3.4) CPHS - Family Health - Renewal contract with DSA Medical Services, Inc. in the amount of 60,000, to provide cytology, biopsy and chlamydia services for the period of January 1, 1992 through December 31, 1992. (DPH contracted with DSA Medical Services, Inc. for services totaling $55,000 in FY 1990-91).

(3.5) CPHS - Family Health - Second modification of the contract with DSA Medical Services, Inc. in the amount of $7,559 for a revised contract amount of $85,417, to provide cytology and chlamydia services for the period of September 1, 1991 through December 31, 1991.

(3.6) SFGH - Radiology - Resolution in accordance with S.F. Administrative Code 6.30 approving two emergency contracts for a combined amount not to exceed $100,000 to provide backup radiologic technologists registry services at San Francisco General Hospital for the period of February 3, 1992 through June 30, 1992.

1. Western Medical Services in an amount not to exceed $50,000.

2. TempPositions Health Care Inc. in an amount not to exceed $50,000.

(DPH contracted with Western Medical Services for services totaling $66,242 in FY 1990-91. DPH did not begin contracting with TempPositions until FY 91-92; they have had a prior approved contract totaling $50,000).

(3.7) Consideration of a Site Approval for the Women's Alcoholism Center from 2261 Bryant Street to 2201 Sutter Street.

(3.8) Department of Public Health 2nd Quarter Budget Report for FY 1991-92.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Raymond J. Baxter, Ph.D.)

5) REVIEW AND CONSIDERATION OF DEPARTMENT OF PUBLIC HEALTH POSSIBLE GENERAL FUND EXPENDITURE REDUCTIONS FOR FY 1991-92

6) PRESENTATION OF LAGUNA HONDA HOSPITAL FACILITIES MASTER PLAN

7) PRESENTATION OF CONSENSUS MEETING ON HIV SERO-INCIDENCE AND SERO-PREVALENCE AND PREVENTION

8) PUBLIC HEARING ON THE CONSIDERATION OF A RESOLUTION TO REPEAL THE SITE APPROVAL ORDINANCE FOR MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM

9) OTHER BUSINESS/PUBLIC COMMENTS

2/18/92 (Addendum)

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
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**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO

Frank Jordan, Mayor

**Department of Public Health**

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

Agenda

A D D E N D U M

T O

AGENDA
HEALTH COMMISSION
Tuesday, February 18, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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Budget Committee:

(3.9) Consideration of a Policy Regarding Allocation of AB 99 Health Education Resources for Tobacco Control.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
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Richard Sanchez, M.D., M.P.H.
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**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
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**Department of Public Health**

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Secretary

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#2
2/18/92

# MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, February 18, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

Absent: Commissioner Margel F. Kaufman

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 4, 1992

Action Taken: The Commission adopted the minutes of February 4, 1992 with the correction that Commissioner Ludington, Chairman of the Budget Committee, reported the Consent Calendar of the Budget Committee to the full Commission.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Pierre Ludington)

(3.1) DMSF - CMHS - Adult Community - First modification to the contract with Ramsell Corporation to increase the contract amount by $300,000, to annualize the SR 155 program and purchase residential care for two (2) additional clients for the remainder of the year and to decrease contract amount by $4,000, to cover budget reduction approved by the Board of Supervisors for a net increase of $296,000 for the period of July 1, 1991 through June 30, 1992. (DPH contracted with Ramsell Corporation for services totalling $772,019 in FY 1990-91)

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Commissioner Gray inquired about the status of Booker T. Washington Center programs. Dr. Wayne Clark stated that he would report back to the Budget Committee in two weeks (March 3, 1992).

(3.4) CPHS - Family Health - Renewal contract with DSA Medical Services, Inc. in the amount of 60,000, to provide cytology, biopsy and chlamydia services for the period of January 1, 1992 through December 31, 1992. (DPH contracted with DSA Medical Services, Inc. for services totaling $55,000 in FY 1990-91).

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(3.7) Consideration of a Site Approval for the Women's Alcoholism Center from 2261 Bryant Street to 2201 Sutter Street.

(3.8) Department of Public Health 2nd Quarter Budget Report for FY 1991-92.

(3.9) Consideration of a Policy Regarding Allocation of AB 99 Health Education Resources for Tobacco Control.

The Budget Committee recommended to the full Commission:

1. That at least one third of the FY 1991-92 State allocation be appropriated to perinatal outreach services focusing on the prevention and cessation of tobacco by pregnant women and women at risk of pregnancy; and that such services target women at highest risk of tobacco use; and

2. That the Health Commission allocate at least 50% of FY 1991-92 tobacco control direct service dollars, including those appropriated for perinatal outreach services, for community contracts.

Commissioner Ludington raised the point that if contractors are doing good quality work, the Department should consider augmenting those contractors to avoid having to pay for start-up funds for new contractors.

Commissioner Gray also raised her concern that communities that are not being served by existing contractors may be better served by new contractors.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

**4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

SAN FRANCISCO GENERAL HOSPITAL

- Pharmaceutical Services: The Department of Pharmaceutical Services at San Francisco General Hospital is experiencing delays of up to forty-eight hours in filling outpatient prescriptions. These delays are due to increased pharmacist vacancies combined with an increased volume of outpatient prescriptions. Intense administrative efforts have been underway to resolve this problem.

The hospital's pharmaceutical service has been understaffed for a number of years due to the City's non-competitive salaries in a now very competitive market for pharmacists. Until recently, patients needs have been largely met (although four to five hour waits are common) through the dedicated efforts of the hospital's pharmacy staff. However, capacity is now far exceeding staff's ability to keep up with the demands. Currently, there are nine pharmacist vacancies, with five more projected with Prop A early retirements. This would mean a 43% vacancy by March 31, 1992.

Other Bay Area public hospitals such as Santa Clara Valley Medical Center and San Mateo County Hospital have also experienced an increase in prescription volume. The Outpatient Pharmacy at Kaiser Hospital in San Francisco reports a decrease in volume as members lose coverage due to job layoffs, and an increase in the copayment for medications.

Short term measures to resolve the pharmacy delays include reallocating hospital resources to increase funding for the pharmacist registry and seeking approval from the Controller to pay overtime in lieu of compensatory time off as an incentive to current DPH pharmacists. In order to ensure that the most critical patients receive their medication, the hospital's medical staff is working with pharmaceutical services to develop a system of prescription prioritization.

Longer term issues are being addressed by the DPH Pharmaceutical Task Force that I appointed in September. The department-wide Task Force chaired by Dr. Stuart Heard, Director of SFGH Pharmacy Services, includes representatives from all DPH divisions. Their task was to serve as a clearinghouse for departmental pharmaceutical issues and the decentralization of medication access throughout the Department to relieve

pressures at San Francisco General Hospital. A program to decentralize the AIDS drug program will soon be piloted by the AIDS Office.

The fundamental, structural issue of pharmacists compensation is being aggressively pursued with the Civil Service Commission staff. General Manager John Walsh has provided several suggestions for restructuring the review process for pharmacist wages, consistent with Civil Service procedures. These changes, if successfully achieved, would be in place by July 1, 1992.

- Paramedic of the Year: The annual luncheon to honor Police, Fire, Sheriff, and Paramedics by naming safety personnel of the year was held on February 11. This year, the event was sponsored for the first time by the Rotary Club in conjunction with the Chamber of Commerce. The Paramedic Division was asked to submit 3 nominations for selection by a committee.

  Mark Nicholas was selected as the Paramedic of the Year. In addition to daily model performance as a paramedic, Mr. Nicholas is a world-class mountain climber and has developed in-house training for techniques in handling vertical and high rise rescues. Congratulations to Paramedic Mark Nicholas.

COMMUNITY PUBLIC HEALTH SERVICES

- Breast Cancer Report: At the request of several members of the Board of Supervisors, the Department recently prepared a report on the status of city services for breast cancer, including statistics and DPH expenditures involved in the prevention and treatment of breast cancer. A copy of the report was forwarded to the Health Commission.

- Breast and Cervical Cancer Control Project: CPHS has received notification of a 2-year grant award from the State Office of Health Services for the Breast and Cervical Cancer Control Project (BCCCP). This project, funded by CDC, targets low-income (200% of federal poverty), uninsured, and minority women over age forty. A limited number of services will also be available to women under 40. The first year award of $475,000 will serve an estimated 3,200 women. The project provides direct fee-for-service reimbursement for physical examinations, Pap smears, clinical breast examinations, screening and diagnostic mammography, colposcopy, colposcopy-directed biopsy and pathology.

  Locally, the BCCCP project will be administered by CPHS and will be implemented by a consortium of clinics including District Health Centers 1-5, Potrero Hill Health Center, Southeast Health Center, Northeast Medical Services, Mission Neighborhood Health Center, South of Market Clinic and the Women's Health Center at SFGH. Training, education outreach, and technical assistance will be provided by the American Cancer Society, the Women's Cancer Network, Patient Education Resource Center at SFGH, Tobacco Tax Project, and the Northern California Cancer Center. The anticipated start date for this project is April 1992.

  This funding provides an excellent opportunity to link direct services with research being conducted in San Francisco and Contra Costa Counties through the Breast and Cervical Cancer Intervention Study that was reported in the Director's Report of October 1, 1991. You will recall that Florence Stroud is principal coinvestigator for the SF/Contra Costa study.

- Tobacco Control Legislation: This Thursday, Supervisor Alioto has called for hearings to consider legislation to ban tobacco advertising on city property or through city contracts and legislation to ban cigarette smoking in restaurants. DPH staff from the Tobacco Control Project and Bureau of Environmental Health will provide testimony consistent with the Health Commission's longstanding support for a smoke free environment and the prohibiting tobacco advertising on city and county property.

- Healthcare for the Homeless: The North of Market Multi-Service Center is moving back into its facility at the corner of Polk and Geary this week. The newly renovated center includes a 25-bed respite program for homeless people discharged from San Francisco General Hospital or referred from the Tom Waddell Clinic. The respite program will provide medical monitoring, meals and 24-hour supervision on site for homeless people who are in need for short-term recuperation.

  The Multi-Service Center also has an upgraded ventilation system with ultraviolet lighting, making it the first facility of its kind with state-of-the-art environmental design intended to minimize exposure to tuberculosis and other airborne pathogens.

BUREAU OF ENVIRONMENTAL HEALTH SERVICES

- Update on Riviera Soup: The State Department of Health Services Laboratory reports that the swollen cans of Riviera vegetable soup distributed by the Salvation Army to Senior Centers was caused by hydrogen gas. No bacterial contamination was found. However, the presence of hydrogen gas renders the product unwholesome and not fit for human consumption.

  Nalley's Food, Inc., the parent company of Riviera soup, has collected all confiscated soup cans from the Salvation Army for proper disposal. No food-borne illnesses were reported as a result of the rapid recall effort by the Bureau of Environmental Health Services.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Court Ruling on VDT Ordinance: On February 13, Superior Court Judge Lucy McCabe ruled that the 1973 California Occupational Safety and Health Act preempts the City's Video Display Terminal Ordinance as it applies to private employees. The effect of the ruling is that the Health Department does not have authority at present to enforce the ordinance in places of private employment. After the court issues a Statement of Decision on the February 13th ruling, the City will have sixty days to file an appeal in the California Court of Appeal.

- Occupational Safety and Health: Federal OSHA issued a final blood-borne pathogen standard on December 5, 1991. The standard mandates engineering controls, work practices, housekeeping, special measure that covers HIV and HBV research laboratories, personal protection equipment that couple with employee training, reduction of job risks for all employees exposed to blood, hepatitis B vaccination, labels and signs, and post exposure follow-up. The Standard mirrors CDC Universal Precaution Standards and is effective in 90 days. Each DPH division has included funding in the 92-93 budget to begin to implement these regulations.

- Pesticide Poisoning Letter: A letter has been sent to approximately 1400 physicians in San Francisco notifying them of their legal duty to report

illnesses from pesticides to the Department of Public Health. The information obtained from the suggested report form will be used by DPH and County Agricultural Commissioner to investigate these illnesses as required by state statutes.

JANUARY STATISTICS

- San Francisco General Hospital

Inpatient

| | | |
|---|---|---|
| Average Daily Census | (except newborns): | 325 |
| Newborn Nursery: | | 16 |
| Actual Patient Days | (except newborns): | 10,073 |
| Newborn Nursery: | | 492 |
| Admissions | (except newborns): | 1,554 |
| Newborn Nursery: | | 151 |
| Average Length of Stay | (except newborns): | 7 |
| Newborn Nursery: | | 3 |
| Discharge Patient Days | (except newborns): | 10,894 |
| Newborn Nursery: | | 455 |
| Discharges | (except newborns): | 1,554 |
| Newborn Nursery: | | 145 |

Outpatient Visits

| | |
|---|---|
| Primary Health | |
| Family Health: | 3,085 |
| General Medicine: | 2,050 |
| Pediatric: | 3,459 |
| OB/GYN: | 2,571 |
| Specialty Clinics: | 11,265 |

Emergency Room Visits

| | |
|---|---|
| Psychiatric Emergency Services: | 410 |
| | (no diversion) |

- CPHS - Primary Care Visits for Health Centers

| Health Center | RN Only | MD | Total Visits |
|---|---|---|---|
| Health Center #1 | 2,598 | 1,006 | 3,604 |
| Health Center #2 | 666 | 253 | 919 |
| Health Center #3 | 1,223 | 636 | 1,859 |
| Health Center #4 | 1,074 | 1,160 | 2,234 |
| Health Center #5 | 1,223 | 400 | 1,623 |
| Tom Waddell Clinic | 1,309 | 2,263 | 3,572 |
| Potrero Hill H.C. | 476 | 719 | 1,195 |
| Southeast H.C. | 534 | 858 | 1,392 |
| Special Programs for Youth/YGC | 12,096 | 952 | 13,048 |
| TOTAL: | 21,199 | 8.247 | 29,446 |

Disease Control

| | |
|---|---|
| TB Clinic | 2,053 |
| City Clinic | 2,169 |

- Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: | 77 |
| (25 beds for subacute/med complex care) | |
| Community Acute Psychiatric Beds: | N/A |

## 5) REVIEW AND CONSIDERATION OF DEPARTMENT OF PUBLIC HEALTH POSSIBLE GENERAL FUND EXPENDITURE REDUCTIONS FOR FY 1991-92

Dr. Baxter reported that with the latest estimated Citywide budget deficit for FY 1991-92 being $6 million, and with the Department being one of the six largest City Departments being asked to help with this deficit, the Department can cover its share with revenue. Therefore, it will not be necessary to cut back on services for FY 1991-92.

## 6) PRESENTATION OF LAGUNA HONDA HOSPITAL FACILITIES MASTER PLAN

Tony Wagner, Executive Administrator of Laguna Honda Hospital, presented the 80-page Laguna Honda Hospital Bond Program Report, "Into the 21st Century: Building a New Facility to Continue Laguna Honda Hospital's Mission." Members of the architectural team and Laguna Honda Hospital staff working on this project were acknowledged. The report recommends the replacement of the Laguna Honda Hospital patient care buildings with a new facility at the present site. The report proposes a $548.4 million Bond Program to finance a replacement facility to meet current standards for hospital design, construction, building systems, and seismic safety in a cost-effective manner. The recommended project replaces the current patient care wings and scattered utility buildings with a greatly more accessible, efficient, integrated, and functional new building. The project provides 1,207 patient beds and a residential care facility of 50 units (100 beds).

Mr. Wagner requested acceptance of the report, permission to return to a future meeting to answer questions raised today, and approval to move this proposal forward for a decision by the electorate.

Public Speaker: Edward Benner, Edward Benner Reports

Commissioner Rosenstiel requested clarification on reasons for not opting for a phase-in plan. Mr. Wagner gave the following reasons:

a) increase in costs of the project
b) risk in losing Federal reimbursement (LHH has had a licensing waiver for over 10 years)
c) delays addressing asbestos and seismic problems of the facility.
d) possible unwillingness of neighbors to accept more construction projects

President Underwood thanked the staff and planning groups for their work and report. She commended the staff for moving in the right direction and requested staff to move forward and bring back in about a month a resolution for consideration by the Commission.

Commissioner Chow encouraged staff to continue to look at other options to fund this project.

Commissioner Rosenstiel stated to move forward in bringing the issue to the voters.

## 7) PRESENTATION OF CONSENSUS MEETING ON HIV SERO-INCIDENCE AND SERO-PREVALENCE AND PREVENTION

Dr. Sandra Hernandez, AIDS Director, reported on an HIV Consensus Meeting held in September 1991. The purpose was to provide a forum where researchers could discuss their data on the direction of the HIV/AIDS epidemic in San Francisco.

The goals of the meeting were:

1. To assemble together AIDS researchers and epidemiologists to present their data on HIV infection among various risk populations in San Francisco, and

2. For these researchers to provide their scientific opinions on the direction of the epidemic so as to arrive at a consensus on the best estimate of HIV prevalence and incidence in San Francisco.

The Executive Summary is Attachment A.

Dr. Hernandez reported that she is requesting from existing AIDS contractors who currently target the general population how they will focus their programs in addressing the highest-risk populations of young gay and bisexual men, gay and bisexual men of color, and injection drug users and their sexual partners. She emphasized the need for prevention dollars to go to these target populations and encouraged the Commission to advocate for a Federal funding package for these prevention areas.

President Underwood would like to see the contractors encouraged to serve these populations in prevention areas.

**8) PUBLIC HEARING ON THE CONSIDERATION OF A RESOLUTION TO REPEAL THE SITE APPROVAL ORDINANCE FOR MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM**

Presently, in the San Francisco Administrative Code (Chapter 15, Section 15.7), there is a requirement for certain public notice procedures for location or relocation of mental health and substance abuse facilities. The Health Commission approves or disapproves the site, with an appeal process available through the Board of Supervisors. This code does not apply to other comparable programs (i.e. - outpatient clinics, community public health services). In instances where the City Planning Code requires a conditional use permit, the Planning Commission approves or disapproves the request, with an appeal process available through the Board of Supervisors.

Flo Stroud, Acting Deputy Director for Mental Health and Substance Abuse Services, reported that the Department believes Section 15.7 represents an unnecessary burden for mental health and substance abuse programs. The Department also is committed to working and meeting with neighborhoods.

Colette Hughes, attorney with Protection and Advocacy Incorporated, who has submitted a legal opinion to the San Francisco Mental Health Advisory Board, presented the following:

**THE ORDINANCE VIOLATES THE AMERICANS WITH DISABILITIES ACT**

The Americans with Disabilities Act of 1990 (ADA) is a comprehensive federal statute aimed at eliminating discrimination against disabled persons in employment, public services, public accommodations, and telecommunications. 42 U.S.C. Section 12101 et seq.

**Finding and Purposes**. In enacting the ADA, Congress found that "society has tended to isolate and segregate individuals with disabilities" and that "such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem." Section 12101(a)(2). Congress recognized explicitly that "discrimination against individuals persists in such critical areas as employment, housing, public accommodations, education, transportation, communication, recreation, institutionalization, health services, voting, and access to public services." Section 12101(a)(3) (emphasis supplied). Further,

> individuals with disabilities continually encounter various forms of discrimination, including outright intentional exclusion, the discriminatory effects of architectural, transportation, and communication barriers, overprotective rules and policies, failure to make modifications to existing facilities and practices, exclusionary qualification standards and criteria, segregation, and relegation to lesser services, programs, activities, benefits, jobs, or other opportunities ...

Section 12101(a)(7) (emphasis supplied). Thus, Congress enacted the ADA to "provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities ..." Section 12101(b)(1).

**Public Services** Section 15.7 is violative of Title II of the ADA, which prohibits discrimination against persons with disabilities in the "services, programs or activities of a public entity." Title II extends protections under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) to include all State and local governments regardless of the receipt of Federal financial assistance. The term "public entity" means "any department, agency, special purpose district or other instrumentality of a State or States or local government". Section 12131(1)(B). The ADA definition of "disability" encompasses "any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities." 28 C.F.R. Section 35.104.

The Ordinance also contravenes Title II's general ban against discrimination by public entities:

> Subject to the provisions of this subchapter, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.

Section 12132 (emphasis supplied).

Finally, regulations implementing the ADA prohibit public entities from utilizing discriminatory criteria or methods of administration as those contained in Section 15.7:

> (3) A public entity may not, directly or through contractual or other arrangements, utilize criteria or methods of administration:
>
> (i) that have the effect of subjecting qualified individuals with disabilities to discrimination on the basis of disability;

(ii) that have the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the public entity's program with respect to individuals with disabilities; or

(iii) that perpetuate the discrimination of another public entity if both public entities are subject to common administrative control or are agencies of the same State.

(7) A public entity shall make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.

Roy Crew, in behalf of the Mental Health Advisory Board, stated that MHAB calls for the repeal of Chapter 15, Section 15.7, and listed the following organizations which also favor repeal of the ordinance:

Patients' Rights Advocacy Services, Inc.
Family-Parent Network of San Francisco (Family Mosaic Project)
Project BUILD of the Independent Living Resource Center of S.F.
San Francisco Alliance for the Mentally Ill
Citywide Alcoholism Advisory Board
Drug Abuse Advisory Board
Mental Health Association
Consumer Task Force
Provider Task Force
San Francisco Network of Mental Health Clients (Spiritmenders)
Association of San Francisco Mental Health Contractors
Community Vocational Enterprises (regarding the loss of one site they wished to occupy because of delays caused by the site approval process).

Commissioner Sanchez expressed his concern that the average homeowner and neighborhood would want to be informed of a substance abuse program coming into its neighborhood and feels strongly that this ordinance in its present form allows dialogue with the neighborhood and can lead to compromises.

Public Speaker: John O'Brien, MHAB
Richard F. Kline
Karen Klein, S.F. Mental Health Association

Commissioner Gray indicated that there is a lot of fear in the neighborhoods around substance abusers and that there would be strong neighborhood objections at the Board of Supervisors to repealing this ordinance. She also feels that there needs to be education and dialogue with the neighborhood around mental health and substance abuse programs.

Commissioner Rosenstiel inquired as to the City Attorney's viewpoint on this issue and what is the Planning Department's role. Deputy City Attorney Paula Jesson stated that her office has not completed its review on this issue, including reviewing the role of the Planning Department. Commissioner Rosenstiel also wants to have a sense of what would replace this ordinance

Since the Commission does not have a legal opinion from the City Attorney, President Underwood suggested to table the proposed resolution and to continue this issue until April 7, 1992. She requested the Department to bring back a proposed resolution that would include policies and procedures for all Department services to be located or relocated. The procedures would include discussions with neighborhoods and would not be discriminatory in nature.

**9) OTHER BUSINESS/PUBLIC COMMENTS**

Public Speaker: John O'Brien

The meeting was adjourned at 4:55 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment A

# I. EXECUTIVE SUMMARY

This report summarizes estimates of the incidence and prevalence of HIV infection in San Francisco for 1992. These estimates are based upon an HIV Consensus Meeting held on September 11, 1991, which was sponsored by the San Francisco Department of Public Health AIDS Office.

It is estimated that 28,000 men, women and children are currently living with HIV infection in San Francisco, representing almost 4% of the City's population. San Francisco has the highest number of HIV-infected persons per capita of any major city within the United States. Almost 3% of the estimated one million persons living with HIV infection in the U.S. reside in San Francisco.

It is also estimated that more than 1,000 men, women and children will become newly-infected with HIV during 1992 alone. This number is higher than previous predictions for 1992 and is driven primarily by data suggesting a "second wave" of HIV infection among gay and bisexual men.

Based on the large body of research conducted in San Francisco in the past decade, it is estimated that the vast majority of persons currently infected with HIV in San Francisco are either gay and bisexual men, injection drug users, or sexual partners of gay and bisexual men or injection drug users. In addition, the data suggest that the incidence of HIV infection among other risk populations is extremely small, and both parallels, and is driven by, the incidence among those populations at highest risk. The data suggest no evidence of significant HIV transmission within low-risk populations in San Francisco.

The current state of the HIV/AIDS epidemic in San Francisco provides a unique opportunity to re-emphasize prevention efforts within those populations at highest risk. This would prevent both transmission of HIV within the high-risk populations and would prevent further transmission to other populations where the prevalence of HIV infection is currently low.

The data suggest that focused prevention campaigns have been very successful in San Francisco when targeted to populations at high risk. The data indicate that comprehensive community-based prevention efforts among gay and bisexual men were primarily responsible for the dramatic reductions in the incidence of HIV infection among gay and bisexual men in the early to mid-1980s. These programs were designed and coordinated by persons within the gay/bisexual communities. The key aspects of these programs included a balance between grass-roots efforts, media campaigns, self-help groups, and a strategy of empowerment and support for persons at risk. Likewise, the data suggest that comprehensive street- and community-based programs designed for injection drug users have been successful in slowing the epidemic among injection drug users in San Francisco in recent years. The key to success in both instances was the use of comprehensive community-based prevention efforts and the commitment among those at risk to change their behavior.

These data also suggest that current prevention programs must continue to be supported in order to maintain the recent changes in behavior and to reach new generations at risk. To sustain behavior change over long periods of time, prevention messages need to be repeated frequently and through a variety of

channels. The inadequate Federal fiscal commitment to programs targeting gay and bisexual men in the late 1980's may have contributed to the development of a "second wave" of HIV infection among gay and bisexual men. It is critically important that existing resources not be diverted from programs for injection drug users or their sexual partners now that the data suggest a slowing of the epidemic within this community in San Francisco. There needs to be continued advocacy for funding at the Federal level for a significant expansion of prevention activity.

Given scarce resources for the prevention of HIV infection, and the expense of waging strong grass-roots, community-based prevention campaigns in several risk populations, the most effective prevention strategy for addressing the HIV epidemic would be to focus the vast majority of new resources for prevention on those populations at highest risk: gay and bisexual men (especially young men and gay/bisexual men of color), injection drug users, and their sexual partners. The benefits from successful prevention efforts among those at highest risk would also spill over to other populations where the risk was much lower.

State and Federal agencies must realize that the robbing of prevention funds to pay for AIDS care programs will only perpetuate future waves of HIV infection. Instead of specifying target populations for localities, these agencies must permit local jurisdictions the flexibility to address needs based on local data.

The SFDPH AIDS Office will be seeking the cooperation of existing contractors to emphasize the highest-risk populations of young gay and bisexual men, gay and bisexual men of color, injection drug users, their sexual partners, and the issue of relapse in program development and planning. Contractors who currently target the general community will be assisted in focusing their programs to address the above.

The following points highlight the key findings from this report. These are followed by a table (Table 1) which summarizes the principal findings:

1. **An estimated 28,000 men, women and children are currently living with HIV infection in San Francisco, representing almost 4% of the City's population.**

2. **More than 1,000 men, women, and children will become newly-infected with HIV during 1992 alone. This number is higher than previous predictions for 1992 and is driven primarily by data suggesting a "second wave" of HIV infection among gay and bisexual men.**

3. **Approximately 25,000 gay and bisexual men (including gay and bisexual injection drug users) are currently living with HIV infection in San Francisco, with an additional 650 men expected to become infected in 1992. The men currently becoming infected are increasingly young men (25 years and under), and men of color, who may not have received the prevention messages of the first wave of the epidemic. These infections, together with new infections among some older gay and bisexual men who have relapsed to unsafe sexual behaviors, represent a "second wave" of HIV infection among gay and bisexual men.**

4. **An estimated 1,700 injection drug users (IDUs) other than gay/bisexual males are currently living with HIV infection in San Francisco and more than 200 are expected to become infected with HIV in 1992. The data suggest that the prevalence of HIV infection has stabilized since 1987 among both street-based and in-treatment IDUs in San Francisco. The current data, however, may underestimate the true prevalence and incidence of HIV infection.**

5. More than 1,100 women are currently infected with HIV in San Francisco and it is estimated that 180 additional women will become infected with HIV in 1992. Most of these women were infected with HIV through injection drug use or through sexual contact with a male partner at risk for HIV. The prevalence of HIV infection has appeared to stabilize among women in recent years, a trend which parallels the stabilization of the HIV epidemic among injection drug users in San Francisco.

6. An estimated 250 non-injection drug-using heterosexual men are currently infected with HIV in San Francisco, and about 50 men will become infected with HIV in 1992. The prevalence of HIV infection has appeared to stabilize among both hetero- sexual men and women, a result of the slowing of the HIV epidemic among injection drug users in San Francisco. If the prevalence of HIV infection remains stable among injection drug users, relatively few new infections would be expected for women and heterosexual men in the future.

7. Approximately 8 to 20 infants will be born each year with antibodies to HIV, but only about 5 per year will eventually be determined to be infected with HIV. The incidence of HIV infection among infants has stabilized in recent years. Perinatal transmission will continue to be a relatively small problem in San Francisco.

TABLE 1

ESTIMATED HIV INCIDENCE AND PREVALENCE IN SAN FRANCISCO: 1992

| RISK GROUP | POPULATION SIZE | HIV PREVALENCE N* | HIV PREVALENCE PERCENT | ANNUAL HIV INCIDENCE N** | ANNUAL HIV INCIDENCE PERCENT |
|---|---|---|---|---|---|
| Gay/Bisexual Men: | | | | | |
| Non-IDUs | | | | | |
| Young (17-25) | 5,000 | 600 | 12% | 200 | 4.0% |
| Older (26+) | 50,000 | 22,500 | 45% | 415 | 1.5% |
| IDUs | 3,000 | 1,900 | 63% | 35 | 3.5% |
| SUBTOTAL | 58,000 | 25,000 | 43% | 650 | 2.0% |
| Injection Drug Users: | | | | | |
| Heterosexual Men | 8,500 | 1,200 | 14% | 150 | 2.0% |
| Women | 4,500 | 500 | 11% | 80 | 2.0% |
| SUBTOTAL | 13,000 | 1,700 | 13% | 230 | 2.0% |
| Other Adults/Adolescents: | | | | | |
| Women | 315,000 | 630 | 0.2% | 100 | 0.03% |
| Heterosexual Men | 253,000 | 250 | 0.1% | 50 | 0.02% |
| SUBTOTAL | 568,000 | 880 | 0.15% | 150 | 0.025% |
| Infants and Children: | 85,000 | 85 | 0.1% | 5 | 0.03% (of births) |
| TOTAL | 724,000 | 27,665 | 4% | 1,035 | 0.15% |

* Total number of persons living with HIV infection
** Number of new infections per year

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
Frank Jordan, Mayor

**Department of Public Health**

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Morl
Secretary

TEL: (415) 554-2666

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# AGENDA
# HEALTH COMMISSION
Tuesday, March 3, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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3/92

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 18, 1992**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Pierre Ludington)

(3.1) Family Mosaic Project - Request to accept and expend a grant augmentation in the amount of $158,704 to the Family Mosaic Project as subgrantee, from the California Department of Mental Health Services (DMS) as primary grantee of these funds from the Robert Wood Johnson Foundation, for the period of August 1, 1990, to July 31, 1992, to provide a system of care for children and youth with serious emotional problems.

(3.2) C.O. - AIDS - Request to accept and expend the CARE/Title I Supplemental Disaster Relief Grant in the amount of $14,661,192 from the Health Resources and Services Administration (HRSA) for the period of April 4, 1992 to April 3, 1993, to provide services of the Ryan White Comprehensive AIDS Resources Emergency Disaster Relief (CARE/Title I) program.

(3.3) C.O. - AIDS - A renewal contract with Bayview Hunter's Point Foundation in the amount of $154,379 for the period July 1, 1991 to June 30, 1992 to provide AIDS/HIV education and prevention services to African Americans including IDU's and other substance abusers. (DPH Contracted with Bayview Hunter's Point Foundation for services totaling $7,259,219 in FY 1990-91).

(3.4) C.O. - Environmental Health - New contract with Decade Software Company, in the amount of $75,000, to provide a management information system for the Bureau of Environmental Health for the period of certification through June 30, 1992

(3.5) CPHS - Epidemiology and Disease Control - Request to accept and expend a grant in the amount of $50,628 for the period of March 1, 1992 to December 31, 1992, from the State Department of Health Services to provide a universal infant

Hepatitis B immunization demonstration project, and five sole source requests with Kaiser Permanente Hospital in the amount of $18,000/year, University of California of San Francisco in the amount of $18,000/year, Chinese Hospital in the amount of $4,000/year, California Pacific Medical Center in the amount of $35,000/year, and St. Luke's Hospital in the amount of $14,000/year for the period of May 5, 1992 through December 31, 1994 to counsel and obtain consents from the mothers; administer the first dose of the vaccine series, keep records and monitor their project activities.

(3.6) CPHS - Family Health - Sole source request and renewal contract with Planned Parenthood, in the amount of $445,308 per year, to provide clinical and outreach services for the prevention of unplanned pregnancies and STD's/HIV in women and children, for the period of February 1, 1992 through September 29, 1996. (DPH Contracted with Planned Parenthood for services totaling $466,217 for the period September 28, 1990 through January 31, 1992).

(3.7) DMSF - CSAS - First modification to the contract with Women's Alcoholism Center, Inc. in the amount of $381,186 to enhance existing outpatient substance abuse treatment services to women and their families for the term July 1, 1991 through June 30, 1992. (DPH Contracted with Women's Alcoholism Center for services totaling $846,008 in FY 1990-91).

(3.8) DMSF - Forensics - New contract with MedCal Data Systems, Inc., in the amount of $315,330, to acquire a computer software license and related installation and training for an integrated correctional health care management information system for the period of March 4, 1992 through March 3, 1993.

(3.9) SFGH - Revision to the AB75 Capital Outlay Plan for San Francisco General Hospital to delete 5 capital outlay projects and add 6 new capital outlay projects to meet the changing patient care needs at the hospital in the amount of $465,000 for completion by June 30, 1994.

3.10 Follow-up of Report from CSAS on Booker T. Washington Center Programs.

3.11 Consideration of a Site Approval for Central City Seniors to 1155 Market St.

3.12 Consideration of a resolution on children's service providers for certification.

3.13 Update on Contracting.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

5) **PUBLIC HEARING ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1992-93**

6) **OTHER BUSINESS/PUBLIC COMMENTS**

7) **EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a), PENDING LITIGATION, CONSIDERATION OF A CLAIM BY JOYCE A. HENNESSEY FOR RETROACTIVE SUPERVISORY DIFFERENTIAL IN THE AMOUNT OF $10,229.**

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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# HEALTH COMMISSION

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TEL: (415) 554-2666

## MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, March 3, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF FEBRUARY 18, 1992

Action Taken: The Commission adopted the minutes of the February 18, 1992 meeting.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Pierre Ludington)

(3.1) Family Mosaic Project - Request to accept and expend a grant augmentation in the amount of $158,704 to the Family Mosaic Project as subgrantee, from the California Department of Mental Health Services (DMS) as primary grantee of these funds from the Robert Wood Johnson Foundation, for the period of August 1, 1990, to July 31, 1992, to provide a system of care for children and youth with serious emotional problems.

(3.2) C.O. - AIDS - Request to accept and expend the CARE/Title I Supplemental Disaster Relief Grant in the amount of $14,661,192 from the Health Resources and Services Administration (HRSA) for the period of April 4, 1992 to April 3, 1993, to provide services of the Ryan White Comprehensive AIDS Resources Emergency Disaster Relief (CARE/Title I) program.

Commissioner Gray raised her concern that programs serving the African American and Latino communities are not included. Commissioner Ludington

requested that the minutes of the CARE Council be given to Commissioner Gray. Jimmy Loyce of the AIDS Office will provide a list specifically serving communities of color.

Commissioner Ludington requested that information on contractors providing "alternative medicine" services be given to Commissioner Chow.

(3.3) C.O. - AIDS - A renewal contract with Bayview Hunter's Point Foundation in the amount of $154,379 for the period July 1, 1991 to June 30, 1992 to provide AIDS/HIV education and prevention services to African Americans including IDU's and other substance abusers. (DPH Contracted with Bayview Hunter's Point Foundation for services totaling $7,259,219 in FY 1990-91).

(3.4) C.O. - Environmental Health - New contract with Decade Software Company, in the amount of $75,000, to provide a management information system for the Bureau of Environmental Health, for the period of Certification through June 30, 1992.

Public Speaker: Edward Benner, Edward Benner Reports, requested access to contract.

(3.5) CPHS - Epidemiology and Disease Control - Request to accept and expend a grant in the amount of $510,628 for the period of March 1, 1992 to December 31, 1992, from the State Department of Health Services to provide a universal infant Hepatitis B immunization demonstration project, and five sole source requests with Kaiser Permanente Hospital in the amount of $18,000/year, University of California of San Francisco in the amount of $18,000/year, Chinese Hospital in the amount of $4,000/year, California Pacific Medical Center in the amount of $35,000/year, and St. Luke's Hospital in the amount of $14,000/year for the period of May 5, 1992 through December 31, 1994 to counsel and obtain consents from the mothers; administer the first dose of the vaccine series, keep records and monitor their project activities.

Commissioner Chow abstained from voting to avoid any conflict of interest.

Commissioner Ludington requested to approve the sole source contracts and not bring back each contract.

(3.6) CPHS - Family Health - Sole source request and renewal contract with Planned Parenthood, in the amount of $445,308 per year, to provide clinical and outreach services for the prevention of unplanned pregnancies and STD's/HIV in women and children, for the period of February 1, 1992 through September 29, 1996. (DPH Contracted with Planned Parenthood for services totaling $466,217 for the period September 28, 1990 through January 31, 1992).

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Public Speaker: Edward Benner, Edward Benner Reports, requested overview of services.

(3.8) DMSF - Forensics - New contract with MedCal Data Systems, Inc., in the

amount of $315,330, to acquire a computer software license and related installation and training for an integrated correctional health care management information system for the period of March 4, 1992 through March 3, 1993.

Public Speaker: Edward Benner, Edward Benner Reports, requested data of contractor.

(3.9) SFGH - Revision to the AB75 Capital Outlay Plan for San Francisco General Hospital to delete 5 capital outlay projects and add 6 new capital outlay projects to meet the changing patient care needs at the hospital in the amount of $465,000 for completion by June 30, 1994.

3.10 Follow-up of Report from CSAS on Booker T. Washington Center Programs.

3.11 Consideration of a Site Approval for Central City Seniors to 1155 Market St.

3.12 Consideration of a resolution on children's service providers for certification.

This item was continued to a future meeting.

3.13 Update on Contracting.

Dr. Larry Meredith reported that Geri Brown, Director of Contracts Management, will not be returning for another month due to health reasons.

Commissioner Kaufman stated her perception to be that the contracts section would not receive a good evaluation.

Commissioner Chow expressed concern on retroactive contracts and their negative effect on the contractor's financial situation and would like to see a resolution to this problem.

For the March 17 meeting, Dr. Meredith will provide an update on retroactive contracts, automation, and implementation of master contracting.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Chow abstaining on Item #3.5.

**4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

UPDATE ON SB 855

- State Meeting: Richard Cordova, Susan Ehrlich, and I attended a full day's workshop in Los Angeles last Wednesday with state officials regarding proposed federal and state regulations for SB 855, including the process for county transfers of funds to the state and draw-down of federal funds.

PROP A EARLY RETIREMENT

- DPH Retirements: The Retirement System is providing a weekly listing of city employees who have elected to take early retirement. As of February 24, 233 DPH staff have applied:

| | |
|---|---|
| Central Office/CPHS/AIDS Office | - 35 |
| Laguna Honda Hospital | - 72 |
| San Francisco General Hospital | - 101 |
| DMSF | - 25 |

Employees must retire between February 1 and March 30, 1992, but the decisions may not be final until the first retirement check is cashed. Retirement will provide the final list after April 1.

DPH is beginning to experience vacancies in positions that will have an adverse effect on the delivery and financing of health services. I have written to the Mayor, Controller, Budget Director, and General Manager of Civil Service requesting that the Review Committee convene immediately so that a review of these DPH positions regarding Prop A criteria for mandated positions can proceed and critical vacancies can be filled in a timely manner.

SAN FRANCISCO GENERAL HOSPITAL

- Update on Pharmaceutical Services: Since the last report to the Commission on delays in filling outpatient prescriptions and increased pharmacist vacancies, the following issues have been addressed:

  1) the Controller has been formally requested to permit overtime wages in lieu of compensatory time off to current DPH pharmacists as a short term measure;

  2) additional funds have been identified for pharmacist registries and the new contract will be calendared for the Commission later this month;

  3) Civil Service has substantially improved the recommendation for wage increases for pharmacists in the 1992-93 salary standardization ordinance;

  4) the hospital's medical staff and pharmaceutical service is devising a priority system for filling prescriptions.

Although the immediate situation remains difficult, I am hopeful that these measures will help with both the intermediate and long term resolution of this problem.

LAGUNA HONDA HOSPITAL

- Special Geriatric Grand Rounds: Dr. Mary Anne Johnson, Medical Director has scheduled "Challenges in Geriatrics" for Special Geriatric Grand Rounds on Saturday, April 4, 1992. The keynote speaker will be Dr. Christine Cassel, Director of the Center on Aging, Health and Society and Professor of Medicine and Public Policy at the University of Chicago.

- Facilities Master Plan: On February 25, Mr. Tony Wagner addressed the West of Twin Peaks Council, an organization representing community groups west of Twin Peaks, on Laguna Honda Hospital's facility master plan.

- Media Tour of Laguna Honda Hospital: The Bay Area Public Affairs Directors, an organization of radio and television public relations staff were invited to meet with LHH staff and tour the facility. Fifteen media staff met with Mr. Wagner, Dr. Mary Anne Johnson, Miss Virginia Leishman,

and Ms. Wendy Ho Iwata, DPH Public Information Officer who coordinated the event, to learn about Laguna Honda Hospital, its residents and patients, and the services and programs provided at the facility.

- HSS Board of Directors: Mr. Wagner was recently elected to serve a three-year term on the Board of Directors at the annual meeting of the Hospital Sponsored Skilled Nursing Facilities, an affiliate organization of the California Association of Hospitals and Healthcare System.

COMMUNITY PUBLIC HEALTH SERVICES

- TB Report to Board of Supervisors: In response to Supervisor Alioto's resolutions, I was asked to forward a written report to the Board of Supervisors on DPH policies and efforts to control the spread of tuberculosis in San Francisco. A copy of the report was forwarded to the Health Commission and the Mayor.

  The report details the extensive and aggressive efforts implemented by the DPH TB Control Program for diligent screening, early diagnosis and treatment efforts. It reports on the screening protocols developed with the AIDS Office and the Health for the Homeless Program for all HIV residential and day treatment programs, and the homeless shelters. The report also describes the Department's on-going outreach efforts with the private sector health care facilities and providers as well as our collaborative efforts with other city departments.

  Information regarding DPH budget and SB 855 proposals for additional TB related expenditures for 1992-93 was also provided.

  I also reported that the Health Commission's policies support the Department's TB control program's protocols to control the spread of tuberculosis in San Francisco.

  Dr. Frances Taylor has convened the Departmental Tuberculosis Task Force and I will continue to provide regular reports on TB to the Health Commission.

- Cholera Report: On February 15, 1992 an Aerolineas Argentinas flight from Buenos Aires to Los Angeles with a stop in Lima, Peru, apparently served a meal on board which was contaminated, resulting in a large number of passengers with diarrhea, many confirmed to be cholera.

  San Francisco identified 11 individuals in the City who had been on that flight. Six of those were symptomatic and four were confirmed to be cholera. The other two patients were considered probable cholera. Many other confirmed cases were found in Southern California.

  All persons who were in San Francisco and who had been on the identified flight were tourists, not residents. Since cholera is usually spread by contaminated food and/or water, a result of inadequate water or sewage systems, there is no current concern that there will be local transmission of disease.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Flo Stroud Honored: Last week, Flo Stroud, Deputy Director of Health was honored at a reception sponsored by the SFGH Black Task Force and the

Community Health Centers. Flo was recognized and honored for her dynamic and conscientious leadership in the Department of Public Health, for her consistent efforts to provide health services for all the citizens of San Francisco, and for her support to the African American community.

FORENSIC SERVICES

- Jail Overcrowding: Jail #1 is presently so overcrowded the Sheriff is housing approximately 60 to 70 prisoners at Jail #2 (7th floor gymnasium). Medical staff from the 6th floor will be responsible for medical care of the gymnasium population and the Sheriff has advised that this arrangement will go on indefinitely. This places an additional burden on medical and nursing staff who must now cover two facilities at a time of intense overcrowding. Jail #1 has a capacity of 426 prisoners and has recently gone as high as 750.

  In order to address the expanded medical and nursing coverage required by jail overcrowding and the use of the gymnasium, one extra P-103 nurse has been scheduled for both day and evening shifts at Jail #1. This expanded coverage will be in effect as long as the gymnasium is used for housing prisoners.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Hunter's Point Community Meeting: On Saturday, February 22, Toxics Bureau staff participated in a community meeting concerning electromagnetic fields (EMF) and the proposed renovation of PG&E's Hunter's Point Power Plant. The meeting was held at the Hunter's View Community Center. Along with representatives from PG&E, Bureau staff answered questions from the community on the health effects from EMF, research studies, and measurements around the plant and the neighborhood. Additional meetings are planned as the project moves forward and as more federal and state health studies are completed.

- Lead Abatement: Following recent reports regarding the level of lead in the soil at several Recreation and Park facilities, the Recreation and Park Department Department has hired a contractor to perform additional lead surveys and perform any abatement required. DPH Toxics will provide oversight. This project will be underway in 3-4 weeks.

BOARD OF SUPERVISORS

- City Services Committee: The Department provided testimony at a number of issues before the City Services Committee this morning. I was asked to testify on the Department's quarterly status report for workers compensations claims, well-being of the City's seniors, and status of city services for breast cancer.

RAMPS FOR THE DISABLED

- 101 Auditorium: Beginning Monday, March 16 work will begin in Room 300 to construct a disability access ramp to the stage in the aisle closest to Polk Street. Construction will work around the Health Commission and other meetings already scheduled. The project should be completed by the end of March.

FEBRUARY STATISTICS

- AIDS Statistics (from 7/1/81 to 2/29/92

| | |
|---|---|
| Total San Francisco cases: | 11,921 |
| Total San Francisco deaths: | 8,574 |
| Total S.F. cases for February: | 161 |
| Total S.F. deaths for February: | 139 |

- Laguna Honda Hospital*

| | |
|---|---|
| Average Daily Census: | 1,094 |
| Acute Med/Surg: | 9 |
| Acute Rehab: | 7 |
| Clarendon Hall: | 168 |
| AIDS SNF: | 9 |

*All time high for monthly statistics.

Dr. Baxter reported that in this year's United Way of the Bay Area Fund-raising Campaign, Laguna Honda Hospital again was the top fund-raising Division in the Department, with San Francisco General Hospital coming in second. President Underwood congratulated both Divisions for their outstanding fund-raising efforts.

Regarding the Pharmacy situation at San Francisco General Hospital, Commissioner Gray inquired as to the feasibility of utilizing neighborhood pharmacies. Commissioner Sanchez raised the issue of San Francisco General Hospital physicians should be prescribing most of the medications listed on the Medi-Cal Formulary and that San Francisco General Hospital use its capacity to collect revenues from patients capable of paying. Dr. Baxter and Mr. Cordova indicated that the Pharmacy Task Force is looking into all of these issues.

**5) PUBLIC HEARING ON DEPARTMENT OF PUBLIC HEALTH BUDGET FOR FY 1992-93**

Dr. Baxter presented the Department's proposed FY 1992-93 budget (Attachment A) to be sent to the Mayor with the budget principles of the Department (Attachment B). Presented as a whole Department and not individual Divisions, the 1992-93 budget of $571,723,581 includes the Mayor's 10% General Fund reduction target with revenue increases, administrative and operating cost reductions, and no service cuts.

Dr. Baxter presented the following:

- Reduced General Fund expenditures of $55.7 million from the 1992-93 estimated baseline budget. The major components of this change are target General Fund reductions of $39 million9n plus $18 million in net SB 855 revenues that reduced the General Fund, after the Board of Supervisors' resolution expenditure increases. This is a reduction of $17 million in General Fund from the 1991-92 revised budget.

- Increased revenues of $56.5 million from the 1992-93 estimated revenue budget. The major components of this change are $41.8 million in new SFGH revenues (including $27 million in SB 855 revenues and $14.8 million in other net new revenues), $10.5 million new revenues at LHH, $3.1 million in new revenues at DMSF, and $1 million in new revenues at CPHS. This is an increase of $57.4 million from the 1991-92 revised budget.

- Increased expenditures of $1.2 million from the 1992-93 estimated expenditure budget. This is the net of $9 million in SB 855 expenditure increases, $3.3 million in expenditure increases that generate additional revenues, and $11.1 million in proposed expenditure reductions. This is an increase of $41.1 million from the 1991-92 revised budget.

This proposal is the culmination of a several month long process. The DPH initially estimated baseline increases and identified critical needs totalling $39 million above the 1991-92 revised budget. These increases would have essentially allowed the DPH to: 1) continue the level of service provided in 1991-92 to 1992-93, and 2) address certain critical needs for the 1992-93 fiscal year. The specific increases were as follows:

| | | |
|---|---|---|
| $ 7.1 million | - | Step increases, annualizations, and upgrades |
| $ 15.1 million | - | Contractor COLA's and Operating COLA's |
| $ 2.3 million | - | Other inflationary increases |
| $ 14.9 million | - | Items of critical need |

In January, the Mayor's Office requested all City Departments to prepare 10 percent General Fund reductions. The Mayor's Office only allowed $22 million of the DPH baseline increases, resulting in a total DPH gap of $44 million. Using $5 million in SB 855 funds to close this gap, the DPH was faced with reductions of $39 million from the estimated 1992-93 budget.

This report details how the DPH was able to close that gap. Essentially, the Department was able to reach its target reductions from the Mayor's Office of $39 million with no service reductions. Keeping true to its principles, DPH was able to avoid service reductions with new net revenues (separate from SB 855) of $27.9 million, as follows:

| | | |
|---|---|---|
| $ 15.8 million | - | SFGH |
| $ 10.5 million | - | LHH |
| $440,000 | - | DMSF |
| $700,000 | - | CPHS |
| $120,000 | - | AIDS |

Administrative and operating cost reductions of $9.9 million as follows:

| | | |
|---|---|---|
| $ 1.7 million | - | SFGH |
| $ 2.7 million | - | LHH |
| $ 3.7 million | - | DMSF |
| $ 1.0 million | - | CPHS |
| $435,000 | - | CA |
| $200,000 | - | AIDS |
| $160,000 | - | EH/Toxics |

and deferred service increases of $1.7 million as follows:

| | | |
|---|---|---|
| $ 1.3 million | - | DMSF |
| $395,000 | - | AIDS |

In addition, the budget includes a number of essential new programs and service increases. Nine million of these programs are funded with SB 855 revenues. The other increases, originally included in the baseline budget estimate as items of critical need, include:

Lead Prevention Program
Mission Bay Oversight
VDT Program Implementation
Hunters' Point Naval Shipyard Oversight
CPHS Disaster Supplies
Departmentwide Infection Control
Disciplinary Arbitration
SFGH JCAH Preparation
Baker Places: Federal Funding Loss
Substance Abuse Treatment: Federal Funding Loss
Homeless Aftercare Medical Services

This budget does not address many critical needs that the DPH has identified over the course of the year. In particular, this budget does not address most of the capital and infrastructure needs the DPH detailed through the SB 855 planning process. These include investments to reduce waiting times, increase revenues, enhance service delivery, and identify and address unmet needs. Specific examples include disabled access projects, asbestos abatement, program evaluation, and key MIS system investments. As a result of the poor local economy, the bulk of the General Fund dollars freed up by SB 855 revenues have not been used for these investments, rather they have been used to reduce the General Fund contribution to the Department of Public Health.

The 1992-93 budget also includes $9 million in new General Fund expenditures pursuant to the Board of Supervisors resolution. These expenditures are made possible by $27 million in new Medi-Cal revenues at SFGH as a result of a rate increase.

Dr. Baxter reported that a proposed reduction to Project Open Hand is being withdrawn. The total AIDS budget in the City is $75 million. Over the last two years, there has been a 60% increase in the AIDS budget.

Commissioner Kaufman stressed the importance of evaluation being reflected in the budget.

Commissioner Rosenstiel commented on being impressed with the maximizing of revenues at SFGH and LHH but feels strongly that there needs to be infrastructure investments.

Commissioner Sanchez raised the question of picking up Federally funded projects (i.e. - substance abuse projects) upon completion of the projects. He also raised the question of COLA's to contractors and COLA's for the U.C. Contract (Affiliation Agreement).

Dr. Baxter responded that the Department feels that the high priority services (i.e. - needle exchange program and available drug treatment slots) should be continued through the Department's budget. He also reported that the Department will reimburse the U.C. Contract exactly what the University clearly documents as procedure from the Legislature on salary increases. This is not a negotiation.

Dr. Baxter also clarified the $300,000 for Crisis and Outpatient Community Crisis (formerly Mt. Zion Crisis Clinic). He is having discussions with Mt. Zion Health System and Westside Community Mental Health Center to reconfigure services by providing medical detox services which are critically needed. This change in services would occur if the operations were restored back to 24-hours, 7-days a week.

Public Speakers: Neil Gendel, Coalition to Prevent Lead Poisoning
Susan Rosenthal, S.F. Coalition for Public Health Services
Alex Vitale, Coalition on Homelessness
John S. Ehrlich
Judith Stevenson, California Pacific Medical Center

Commissioner Chow expressed concern that while this proposed budget preserves the status quo, it reduces the infrastructure to a dangerous level and does not fulfill other needs of the changing demographics in the City. The Department will have to plan to rebuilt the infrastructure and to reflect the changing demographics.

Commissioner Gray inquired as to how the Proposition J (Children's Amendment) can be utilized.

Commissioner Kaufman commended the Department on the process of the budget. She requested the Department to report back to the Commission on what steps can be taken for program evaluations.

President Underwood announced that at the March 10, 1992 Special Health Commission meeting, the Commission will make a decision on the Department's proposed budget. No public testimony will be heard on the budget at the March 10th meeting.

President Underwood stated that although this proposed budget has no direct service cuts, the Department's infrastructure is severely threatened. She encouraged the community to help the Commission take this message to the Mayor and the Board of Supervisors during this 1992-93 budget process.

6) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

The Commission went into Closed Session at 4:40 p.m.

7) **EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a), PENDING LITIGATION, CONSIDERATION OF A CLAIM BY JOYCE A. HENNESSEY FOR RETROACTIVE SUPERVISORY DIFFERENTIAL IN THE AMOUNT OF $10,229.**

The Commission came out Closed Session at 4:45 p.m.

Action Taken: The Commission approved the claim in the amount of $10,229.

The meeting was adjourned at 4:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments (2)

1992-93 Proposed Department of Public Health Budget

| Expenditure & Revenues | 1991-92 Revised DPH Budget | Estimated Baseline Increases | 1992-93 Estimated Baseline Budget | Adjustments to Baseline Budget | 1992-93 Adjusted Baseline Budget | Revenues & Assoc. Expend. Increases | Admin. & Operating Reductions | Deferred Service Increases | 1992-93 Proposed Department Budget |
|---|---|---|---|---|---|---|---|---|---|
| **TOTAL DEPARTMENT OF PUBLIC HEALTH** | | | | | | | | | |
| Personnel | 310,068,845 | 13,035,651 | 323,102,496 | -1,943,626 | 321,158,870 | 1,908,732 | -4,556,950 | 0 | 318,510,652 |
| Operating & Capital | 219,919,357 | 27,556,877 | 247,476,234 | 1,188,662 | 248,664,896 | 10,384,676 | -4,141,529 | -1,695,114 | 253,212,929 |
| Total Expenditures | 529,988,202 | 40,592,528 | 570,578,730 | -754,964 | 569,823,766 | 12,293,408 | -8,698,479 | -1,695,114 | 571,723,581 |
| Revenues | 358,082,425 | 932,875 | 359,015,300 | -2,140,000 | 356,875,300 | 58,575,450 | 0 | 0 | 415,450,750 |
| General Fund | 161,149,389 | 38,770,029 | 199,919,418 | 832,000 | 200,751,418 | -46,282,042 | -8,588,795 | -1,695,114 | 144,185,467 |
| Work Order Recovery | 10,749,388 | 889,624 | 11,639,012 | 558,036 | 12,197,048 | 0 | -109,684 | 0 | 12,087,364 |
| Total Revenues | 529,981,202 | 40,592,528 | 570,573,730 | -749,964 | 569,823,766 | 12,293,408 | -8,698,479 | -1,695,114 | 571,723,581 |

Attachment A

# HEALTH DEPARTMENT BUDGET PRINCIPLES

- Maximize all revenues
- To the extent possible, leverage existing funds to maximize alternative funding sources
- Provide incentives and make investments to generate revenues and enhance the efficiency of the department's operations
- Reduce administration and operating costs
- Preserve service volume by containing and consolidating costs
- Establish accountability for providing services efficiently and effectively
- Satisfy the basic requirements of our quantifiable legal mandates
- Preserve services to poor people with no other access to care
- Assure equity of access (financial, linguistic, geographic, cultural, age)
- Assure an appropriate continuum of services, including public health and environmental protection, prevention, ambulatory care, residential care, institutional and community-based long term care, acute care, and trauma and emergency services. To the maximum extent possible, services should be provided at the most cost-effective level (e.g.,public health and environmental protection, prevention and ambulatory care)

Attachmen

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atricia R. Underwood, R.N., D.N.Sc.
esident

aul A. Rosenstiel
ce President

dward A. Chow, M.D.
ommissioner

laomi T. Gray, M.S.W., A.C.S.W.
ommissioner

largel F. Kaufman
ommissioner

ierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

## REVISED AGENDA

## SPECIAL HEALTH COMMISSION MEETING

Tuesday, March 10, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

2) CONSIDERATION OF A RESOLUTION FOR BUREAU OF ENVIRONMENTAL HEALTH AS THE LOCAL ENFORCEMENT AGENCY FOR THE SOLID WASTE PROGRAM IN THE CITY AND COUNTY OF SAN FRANCISCO

3) CONSIDERATION OF APPROVAL OF FISCAL YEAR 1992-93 DEPARTMENT OF PUBLIC HEALTH BUDGET

(No public testimony on this item).

4) REQUEST APPROVAL OF SURPLUS TRANSFER TO REALLOCATE $3.8 MILLION FROM PERMANENT SALARIES TO TEMPORARY SALARIES AND MANDATORY FRINGE BENEFITS AT SAN FRANCISCO GENERAL HOSPITAL

5) REQUEST FOR APPROVAL OF A SUPPLEMENTAL APPROPRIATION TO TRANSFER $38 MILLION FOR PURPOSES OF SB 855 FROM THE CITY AND COUNTY OF SAN FRANCISCO TO THE STATE

6) OTHER BUSINESS/PUBLIC COMMENTS*

*Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

(Address Correction Requested)

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Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

HEALTH COMMISSION

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Frank Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

SF
120
2
10/92

# MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Tuesday, March 10, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT
MAR 20 1992
SAN FRANCISCO PUBLIC LIBRARY

## 1) CALL TO ORDER

The special meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:02 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

Absent: Commissioner Richard Sanchez, M.D., M.P.H.

## 2) CONSIDERATION OF A RESOLUTION FOR BUREAU OF ENVIRONMENTAL HEALTH AS THE LOCAL ENFORCEMENT AGENCY FOR THE SOLID WASTE PROGRAM IN THE CITY AND COUNTY OF SAN FRANCISCO

Dr. Larry Meredith, Director of Operations, reported that State law requires approval from a legislative body as well as the governing body.

Public Speaker: Edward Benner, Edward Benner Reports

Action Taken: The Commission approved the resolution redesignating the Bureau of Environmental Health Services as the local enforcement agency for solid waste. (Attachment A).

## 3) CONSIDERATION OF APPROVAL OF FISCAL YEAR 1992-93 DEPARTMENT OF PUBLIC HEALTH BUDGET

(No public testimony on this item).

Commissioner Ludington underscored the importance of the Board of Supervisors, the Mayor, and the public to be aware that the infrastructure of the Department can no longer take cuts.

Dr. Baxter will keep the Commission informed of the negotiations and discussions with the Mayor and the Controller.

Action Taken: The Commission approved the Department's proposed FY 1992-93 budget, which will be forwarded to the Mayor.

**4) REQUEST APPROVAL OF SURPLUS TRANSFER TO REALLOCATE $3.8 MILLION FROM PERMANENT SALARIES TO TEMPORARY SALARIES AND MANDATORY FRINGE BENEFITS AT SAN FRANCISCO GENERAL HOSPITAL**

Richard Cordova, Executive Administrator for San Francisco General Hospital, reported that this is a technical adjustment for the current 1991-92 budget.

Action Taken: The Commission approved the surplus transfer of $3.8 million from permanent salaries to temporary salaries and mandatory fringe benefits at San Francisco General Hospital.

**5) REQUEST FOR APPROVAL OF A SUPPLEMENTAL APPROPRIATION TO TRANSFER $40 MILLION FOR PURPOSES OF SB 855 FROM THE CITY AND COUNTY OF SAN FRANCISCO TO THE STATE**

Commissioner Rosenstiel commended Dr. Baxter for his leadership in securing the SB 855 funds. President Underwood thanked the Department of Public Health staff for their hard work for these funds. It has been a long process in securing these funds.

Action Taken: The Commission approved the supplemental appropriation to transfer $40 million for purposes of SB 855 from the City and County of San Francisco to the State.

**6) OTHER BUSINESS/PUBLIC COMMENTS**

Public Comments: John O'Brien discussed his concerns on Ward 7C, SFGH.
Edward Benner, Edward Benner Reports, stated his recommendation to refer item #2 to the Hazardous Materials Advisory Committee.
Everett Brandon, private individual, expressed his concern on the sale of Napa beds.

President Underwood requested Dr. Meredith to inform the Commission on how the Hazardous Materials Advisory Committee can be involved with item #2. She also requested Dr. Baxter to provide any updated information on the sale of Napa beds in his Director's Report. President Underwood announced that at the April 21, 1992 meeting, the Commission will have an update on Realignment on the agenda.

The meeting was adjourned at 3:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment (1)

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 3-92

**RESOLUTION TO RECOMMEND RE-DESIGNATION OF THE BUREAU OF ENVIRONMENTAL HEALTH SERVICES AS THE LOCAL ENFORCEMENT AGENCY FOR SOLID WASTE**

WHEREAS, the State Legislature enacted the California Integrated Solid Waste Management Act requiring local governing bodies to designate a Local Enforcement Agency (LEA) for solid waste issues; and,

WHEREAS, the designated LEA must be certified by the California Integrated Waste Management Board (CIWMB) by August 1, 1992 or the CIWMB will become the LEA; and,

WHEREAS, the Department of Public Health was designated as the enforcement agency by Resolution of the Board of Supervisors on August 22, 1977; and,

WHEREAS, the Bureau of Environmental Health Services, as the designated representative of the Department has continually served as the Local Enforcement Agency; now, therefore, be it

RESOLVED, that the San Francisco Health Commission recommends that the Bureau of Environmental Health Services continue as the Local Enforcement Agency for the City and County of San Francisco.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, March 10, 1992.

Sandy Ouye Mori
Secretary to the Health Commission

Attachment A

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

(Address Correction Requested)

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Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO
Frank Jordan, Mayor

**Department of Public Health**

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

# AGENDA

## HEALTH COMMISSION MEETING

Tuesday, March 17, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 3, 1992

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Request for approval of a surplus transfer of $100,000 from CPHS - Epidemiology's Material and Supplies to Rental of Property.

(3.2) Request for a Supplemental Appropriation of $548,983 from increased State allocations to DPH Central Office for California Children's Services Program.

(3.3) Request for a Supplemental Appropriation of $943,616 from the Emergency Medical Services Agency of the Department of Public Health Central Office.

(3.4) Consideration of a resolution on children's services providers for certification.

(3.5) C.O. - AIDS - Renewal contract with Damon Clinical Laboratories, in the amount of $59,750 to provide routine laboratory services for the San Francisco City Clinic AIDS Cohort Research Study, for the period of November 1, 1991 through October 31, 1992. (DPH Contracted with Damon Clinical Laboratories for services totaling $140,600 in FY 1990-91).

(3.6) C.O. - AIDS - Renewal contract with University of California, Family Planning Program SFGH, to conduct unlinked blood surveys to estimate the HIV seroprevalence among women, in the amount of $59,559 for the period of January 1, 1992 through December 31, 1992. (DPH contracted with UCSF for services totaling $5,326,966 in FY 1990-91 exclusive of the Affiliation Contract).

(3.7) CPHS - Family Health, California Children's Services (CCS) - Request to accept and expend an allocation in the amount of $69,187 from the California Department of Health Services to provide HIV screening, diagnosis and follow up for at-risk children, for the period of July 1, 1991 through June 30, 1992.

(3.8) CPHS - Family Health - Renewal contract with UCSF/SFGH in the amount of $127,938 to provide comprehensive family planning services, for the period of January 1, 1992 through December 31, 1992.

(3.9) CPHS - Family Health - Sole source request and renewal contract with UCSF, in the amount of $351,045/year to provide research and evaluation services for the prevention of HIV in women and children, for the period of February 1, 1992 through September 29, 1996.

(3.10) CPHS - AB 75 Health Promotion - Modification to the contract with Asian American Recovery Services - Pilipino Early Intervention Program (AARP-PEIP), in the amount of $54,394 to provide policy-related activities around tobacco use prevention activities for the period of March 25, 1992 through November 30, 1992. (DPH contracted with Asian American Recovery Services for services totaling $905,795 in FY 1990-91).

(3.11) CPHS - AB 75 Health Promotion - Modification to the contract with Bay Area Addiction, Research and Treatment (BAART), in the amount of $57,323 to provide policy-related activities around tobacco use cessation for the period of March 25, 1992 through November 30, 1992. (DPH Contracted with BAART for services totaling $1,593,977 in FY 1990-91).

(3.12) CPHS - AB 75 Health Promotion - Modification to the contract with Community Board Program, in the amount of $46,438 to provide tobacco use policy related activities through conciliation and problem solving skills, for the period of April 10, 1992 through November 30, 1992. (DPH didn't contract with Community Board Program in FY 1990-91).

(3.13) CPHS - STD Control - Supplemental sole source request with UCSF in the amount of $65,587/year to assist in the development and delivery of STD training curricula for the time period of April 1, 1992 through March 31, 1995.

(3.14) DMSF - CMHS - Residential - Modification #1 with Baker Places, Inc. in the amount of $400,000 to decrease 24-hour residential and case management services for the period July 1, 1991 through June 30, 1992. (DPH contracted with Baker Places, Inc. for services totaling $2,323,148 in FY 1990-91).

(3.15) DMSF - CMHS - Adult Acute - A renewal contract with Saint Francis Memorial Hospital in the amount of $100,000 to provide 24-hour acute psychiatric inpatient services to adult patients for the period July 1, 1991 through June 30, 1992. (DPH contracted with Saint Francis Memorial Hospital for services totaling $336,960 in FY 1990-91).

(3.16) DMSF - CMHS - Child & Family - Modification #1 to the contract with Arriba Juntos - IAL, which provides therapeutic adolescent day treatment services, in order to add an outpatient cost center for the period January 1, 1992 through June 30, 1992. (DPH contracted with Arriba Juntos - IAL for services totaling $360,873 in FY 1990-91).

(3.17) DMSF - CMHS - Child & Family - A renewal contract with MSC Psychiatric Services Corporation in the amount of $303,324 per year, to provide adolescent day treatment services for the period July 1, 1991 through June 30, 1994. (DPH contracted with MSC Psychiatric Services Corporation for services totaling $288,794 in FY 1991-92).

(3.18) DMSF - CMHS - Child & Family - A renewal contract with Regents of the University of California, Langley Porter Hospital and Clinics, in the amount of $236,128 per year, to provide child and adolescent inpatient, partial hospitalization and transitional (outpatient) services for the period July 1, 1991 through June 30, 1994. (DPH contracted with UCSF for services totaling $5,326,966 in FY 1990-91 exclusive of the Affiliation Agreement).

(3.19) DMSF - CMHS - Child & Family - A renewal contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $188,588 per year, to provide child and adolescent inpatient, partial hospitalization and transitional (outpatient) services for the period July 1, 1991 through June 30, 1994. (DPH contracted with St. Mary's Hospital and Medical Center for services totaling $435,036 in FY 1990-91.)

(3.20) SFGH - Finance - New contract with Genisys Decision Corporation in the amount of $179,334 to acquire a computer software license and related installation and training services for a flexible budgeting/cost accounting system for the period of March 23, 1992 through September 22, 1993.

(3.21) SFGH - Physical Therapy - Modification to the contract with Physical and Occupational Therapist's Registry in the amount of $66,000/year to provide additional backup physical and occupational therapy registry services and add new backup speech pathology registry services for the period of February 15, 1992 through September 15, 1994.

(3.22) SFGH - Pharmacy - Resolution in accordance with S.F. Administrative Code 6.30 approving two emergency contracts for a combined amount not to exceed $75,000 to provide backup pharmacists registry services at San Francisco General Hospital for the period of February 10, 1992 through April 30, 1992.

1. Western Medical Services in an amount not to exceed $45,000.
2. Nor-Cal Medical Temps in an amount not to exceed $30,000.

(DPH contracted with Western Medical Services for services totaling $66,242 in FY 1990-91. DPH did not begin contracting with Nor-Cal Medical Temps until FY 1991-92; their prior contract approval totals $5,000.)

(3.23) Update on Contracting.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **OTHER BUSINESS/PUBLIC COMMENTS***

*Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

7/92

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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SAN FRANCISCO

# MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, March 17, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:00 p.m.

Present: Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

Absent: Commissioner Edward A. Chow, M.D.
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 3, 1992

Action Taken: The Commission adopted the minutes of the March 3, 1992 meeting.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Request for approval of a surplus transfer of $100,000 from CPHS - Epidemiology's Material and Supplies to Rental of Property.

(3.2) Request for a Supplemental Appropriation of $548,983 from increased State allocations to DPH Central Office for California Children's Services Program.

(3.3) Request for a Supplemental Appropriation of $943,616 from the Emergency Medical Services Agency of the Department of Public Health Central Office.

(3.4) Consideration of a resolution on children's services providers for certification.

(3.5) C.O. - AIDS - Renewal contract with Damon Clinical Laboratories, in the amount of $59,750 to provide routine laboratory services for the San Francisco City Clinic AIDS Cohort Research Study, for the period of November 1, 1991 through October 31, 1992. (DPH Contracted with Damon Clinical Laboratories for services totaling $140,600 in FY 1990-91).

(3.6) C.O. - AIDS - Renewal contract with University of California, Family Planning Program SFGH, to conduct unlinked blood surveys to estimate the HIV seroprevalence among women, in the amount of $59,559 for the period of January 1, 1992 through December 31, 1992. (DPH contracted with UCSF for services totaling $5,326,966 in FY 1990-91 exclusive of the Affiliation Contract).

(3.7) CPHS - Family Health, California Children's Services (CCS) - Request to accept and expend an allocation in the amount of $69,187 from the California Department of Health Services to provide HIV screening, diagnosis and follow up for at-risk children, for the period of July 1, 1991 through June 30, 1992.

(3.8) CPHS - Family Health - Renewal contract with UCSF/SFGH in the amount of $127,938 to provide comprehensive family planning services, for the period of January 1, 1992 through December 31, 1992.

(3.9) CPHS - Family Health - Sole source request and renewal contract with UCSF, in the amount of $351,045/year to provide research and evaluation services for the prevention of HIV in women and children, for the period of February 1, 1992 through September 29, 1996.

(3.10) CPHS - AB 75 Health Promotion - Modification to the contract with Asian American Recovery Services - Pilipino Early Intervention Program (AARP-PEIP), in the amount of $54,394 to provide policy-related activities around tobacco use prevention activities for the period of March 25, 1992 through November 30, 1992. (DPH contracted with Asian American Recovery Services for services totaling $905,795 in FY 1990-91).

(3.11) CPHS - AB 75 Health Promotion - Modification to the contract with Bay Area Addiction, Research and Treatment (BAART), in the amount of $57,323 to provide policy-related activities around tobacco use cessation for the period of March 25, 1992 through November 30, 1992. (DPH Contracted with BAART for services totaling $1,593,977 in FY 1990-91).

(3.12) CPHS - AB 75 Health Promotion - Modification to the contract with Community Board Program, in the amount of $46,438 to provide tobacco use policy related activities through conciliation and problem solving skills, for the period of April 10, 1992 through November 30, 1992. (DPH didn't contract with Community Board Program in FY 1990-91).

(3.13) CPHS - STD Control - Supplemental sole source request with UCSF in the amount of $65,587/year to assist in the development and delivery of STD training curricula for the time period of April 1, 1992 through March 31, 1995.

(3.14) DMSF - CMHS - Residential - Modification #1 with Baker Places, Inc. in the amount of $400,000 to decrease 24-hour residential and case management services for the period July 1, 1991 through June 30, 1992. (DPH contracted with Baker Places, Inc. for services totaling $2,323,148 in FY 1990-91).

(3.15) DMSF - CMHS - Adult Acute - A renewal contract with Saint Francis Memorial Hospital in the amount of $100,000 to provide 24-hour acute psychiatric inpatient services to adult patients for the period July 1, 1991 through June 30, 1992. (DPH contracted with Saint Francis Memorial Hospital for services totaling $336,960 in FY 1990-91).

(3.16) DMSF - CMHS - Child & Family - Modification #1 to the contract with Arriba Juntos - IAL, which provides therapeutic adolescent day treatment services, in order to add an outpatient cost center for the period January 1, 1992 through June 30, 1992. (DPH contracted with Arriba Juntos - IAL for services totaling $360,873 in FY 1990-91).

(3.17) DMSF - CMHS - Child & Family - A renewal contract with MSC Psychiatric Services Corporation in the amount of $303,234 per year, to provide adolescent day treatment services for the period July 1, 1991 through June 30, 1994. (DPH contracted with MSC Psychiatric Services Corporation for services totaling $288,794 in FY 1991-92).

(3.18) DMSF - CMHS - Child & Family - A renewal contract with Regents of the University of California, Langley Porter Hospital and Clinics, in the amount of $236,128 per year, to provide child inpatient, partial hospitalization and transitional (outpatient) services for the period July 1, 1991 through June 30, 1994. (DPH contracted with UCSF for services totaling $5,326,966 in FY 1990-91 exclusive of the Affiliation Agreement).

(3.19) DMSF - CMHS - Child & Family - A renewal contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $188,588 per year, to provide adolescent inpatient, partial hospitalization and transitional (outpatient) services for the period July 1, 1991 through June 30, 1994. (DPH contracted with St. Mary's Hospital and Medical Center for services totaling $435,036 in FY 1990-91.)

(3.20) SFGH - Finance - New contract with Genisys Decision Corporation in the amount of $179,334 to acquire a computer software license and related installation and training services for a flexible budgeting/cost accounting system for the period of March 23, 1992 through September 22, 1993.

(3.21) SFGH - Physical Therapy - Modification to the contract with Physical and Occupational Therapist's Registry in the amount of $66,000/year to provide additional backup physical and occupational therapy registry services and add new backup speech pathology registry services for the period of February 15, 1992 through September 15, 1994.

(3.22) SFGH - Pharmacy - Resolution in accordance with S.F. Administrative Code 6.30 approving two emergency contracts for a combined amount not to exceed $75,000 to provide backup pharmacists registry services at San Francisco General Hospital for the period of March 12, 1992 through April 30, 1992.

1. Western Medical Services in an amount not to exceed $45,000.
2. Nor-Cal Medical Temps in an amount not to exceed $30,000.

(DPH contracted with Western Medical Services for services totaling $66,242 in FY 1990-91. DPH did not begin contracting with Nor-Cal Medical Temps until FY 1991-92; their prior contract approval totals $5,000).

(3.23) Update on Contracting.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) REPORT OF THE DIRECTOR OF PUBLIC HEALTH
(Flo Stroud, M.N., M.P.H., Acting Deputy Director for DMSF)

UPDATE ON SB 855

- Safety Net Hospitals: The California Association of Public Health Hospitals issued a press release last week announcing the Health Care Financing Administration's approval of California's SB 855 plan for the state's safety net hospitals to receive critically needed Medi-Cal payment augmentations. California's safety net hospitals serve as the major providers of care of the Medi-Cal population as well as the state's 6 million uninsured. The press release cited these funds as an important step in the ability of safety net hospitals to continue to serve growing numbers of patients and maintain basic health care services in the face of the continuing decline in other sources of support such as:

  - Combined Medi-Cal losses in county hospitals of $307 million in 1990-91;
  - Approximately $150 million less than projected revenues from realignment in 1991-92, including $70 million shortfall in indigent health programs;
  - Decline in Medically Indigent Services Program (MISP) and no provisions in current State budget for Legalized Indigent Medical Assistance Program;
  - Decline of 43% in Prop 99 Tobacco Tax funding since 1988;
  - Increase in County overmatch monies from $25 million in 1980-81 to more than $282 million in 1990-91.

  This announcement is a result of the hard work of San Francisco DPH staff working with other counties and organizations such as the CAPH to leverage federal monies for disproportionate care hospitals.

  San Francisco's share of the intergovernmental transfer to the State for the federal Medicaid fund match should be transmitted shortly. It is expected that the SB 855 funds for San Francisco General Hospital will begin to be received locally sometime in May.

UPDATE ON PROP A EARLY RETIREMENT

- DPH Retirements: The Department is beginning to experience vacancies in critical services that will soon impact the delivery and financing of health services and affect accreditation standards. As of March 6, 279 DPH staff have applied for early retirement under the provisions of Prop A:

| | |
|---|---|
| Central Office/CPHS/AIDS Office | 45 |
| Laguna Honda Hospital | 84 |
| San Francisco General Hospital | 122 |
| DMSF | 28 |

Last week, the Review Committee convened to hear from departments and employee organizations regarding the effects of early retirements and discuss the review process for Prop A positions. The Committee will begin the review process this Thursday, and departments have been asked to submit lists of all positions that clearly qualify as mandated under the four Prop A criteria as well as prioritized lists of non-mandated positions for consideration for retention.

GRAND JURY REPORT

- TB Screening in Jails: Last week, the Civil Grand Jury made an early release of its recommendations for TB screening of all inmates in the county jails. The Department held a press conference to issue a statement so that the public understands the dimensions of TB in San Francisco and is aware of DPH efforts to control TB. The occurrence of five cases in the jails does not constitute an epidemic. DPH staff taking part in the press conference in addition to the Director of Health were Dr. Gisela Schecter, Director of TB Control, Dr. Joe Goldenson, Medical Director for Forensics, and Dr. Larry Meredith, Deputy Director of Operations.

  In the jails, protocols have been implemented to screen inmates upon intake for symptoms. All inmates who appear highly suspicious for TB are referred directly to SFGH for clearance. High-risk groups (including HIV positive) in the jails have been identified for PPD skin tests and x-rays). The rate of positive skin tests in the jails is the same as the 25 to 30% rate in the general population.

  Five cases of pulmonary TB have been identified in the jails this year of which four were infectious. All of the cases were unrelated and none were multidrug resistant TB. All five were admitted to SFGH immediately and appropriately isolated and treated. Follow-up protocols were implemented with all inmates and staff in close contact with the infectious cases. No active cases of TB have been identified from the contact screening.

  The issue of TB screening in the jails is a DPH priority and for the past three years, requests have been made to CDC to implement a screening program in the jails. The department is optimistic that federal funds will be available this year and final word is expected very shortly. In addition, the DPH 92-93 budget requests funds for a pilot screening program for all inmates entering county jail #7 in San Bruno.

MAYOR'S BUDGET OFFICE

- Budget Manager: Adelle Foley, the Mayor's Director of Finance, has announced that Teresa Serata has been appointed to the position of Budget Manager in the Mayor's Office. Ms. Serata has been the Mayor's budget analyst for DPH and was formerly with DPH Toxics.

SAN FRANCISCO GENERAL HOSPITAL

- Critical Care Diversion: Overall there has been a system wide decrease in critical care diversion for the month of February. SFGH has had a very significant decrease in critical care diversion in comparison to the past months.

| | | |
|---|---|---|
| CPMC - Pacific Campus | - | 16% to 4% |
| Kaiser | - | 6% to 1% |
| St. Francis | - | 4% to 0% |
| St. Lukes | - | 27% to 16% |
| SFGH | - | 23% to 4% |

- Regional Test Site for Nursing Program: San Francisco General Hospital is a test site for the Western Performance Assessment Center for the New York Regents College Nursing Program in Albany. There are only 6 sites in the Nation, with 2 in California. Testing will take place one weekend per month.

  Nursing students will take their 3 day clinical performance nursing exam at the hospital. The students will participate in a simulation laboratory and an orientation on Friday with the patient care situation taking place on Saturday and Sunday.

- UCSF School of Nursing Graduate Program: Brenda Lauer, Associate Administrator for Nursing, has been invited to participate on the Advisory Committee for the UCSF School of Nursing Graduate Program in Nursing Administration. The Committee's task is to strengthen both the administrative program and liaison within the nursing community.

- HRSA Grant Review: On March 16 and 17, Gayling Gee, Director of Medical Nursing will be acting as a consultant for the U.S. Public Health Service, Health Resources and Services Administration (HRSA) to review grant proposals for Federal AIDS Education and Training Centers.

LAGUNA HONDA HOSPITAL

- Administrative Changes: Ms. Virginia Leishman, Director of Nursing Services, will manage Activity Therapy and Volunteer Services on an interim basis due to the announced Prop A retirement of Mr. Leo Walsh, Assistant Administrator.

- Community Assembly: A nationally-acclaimed motivational speaker, W. Mitchell, will speak on "Overcoming Adversity" at a community assembly on Wednesday, April 8 at 2:00 p.m. in the Gerald Simon Auditorium. Mr. Mitchell was a former patient at both San Francisco General and Laguna Honda Hospitals. Flyers have been circulated in the community and the public is invited.

COMMUNITY PUBLIC HEALTH SERVICES

- Hepatitis B: The Occupational Safety and Health Administration (OSHA) has issued regulations which require that employees exposed to blood or body fluids be offered hepatitis B immunization. The Department has been doing this for DPH employees for some time. Other city departments, including the Police Department, have recently begun to implement testing and immunization of employees per OSHA requirements. This has resulted in recent news stories re hepatitis B testing of police.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Update on Critical Incidence Response Team: The Critical Incidence Response Team (CIRT) officially began operations on September 16, 1991 through a DPH contract with the Hunter's Point Bayview Foundation. Since September 1990, in response to calls from the Police Department and other City Departments, crisis intervention services were provided by DMS staff on an as needed basis following acts of violence in the community. In response to growing community concerns, funding for this program was initiated by Supervisor Willie Kennedy for FY 1991-92.

Six major program objectives have been established to provide assistance, counseling and referral services to victims, families and friends impacted by violence such as youth gang assaults and drive-by shootings. The first quarterly report, September through December 1991, has been issued.

During this period, a total of 30 incidents were referred to the program affecting youth from ages 6 to 25 years in the Sunnydale, Bayview Hunter's Point, Tenderloin, OMI, and Western Addition neighborhoods. CIRT's initial response included family assessment, grief and mental health counseling to survivors, and plans for ongoing care.

A total of 346 individuals participated in CIRT outreach and education to communities and extended families impacted by violent incidents in the OMI, Sunnydale Housing Project, Tenderloin Recreation Center, and Wilson High School neighborhoods. Private community therapists have been recruited to assist CIRT with long-term therapy. Recruitment for bilingual therapists is underway.

Cooperative working relationships have been established with key community individuals and 50 organizations during this period. Nine MOU's have been established with city departments and city contract agencies to eliminate barriers for services to survivors. They include: SFPD, DSS, Mayor's Gang Prevention Program, SF Housing Authority, Victims Witness Program, College of Mortuary Science, BVHP Gang Prevention Program, Chinatown Youth Center, and Real Alternative Program.

- Needle Exchange Legislation: Last Wednesday, March 10, the Needle Exchange Legislation, Assembly Bill 2525 (Brown) was unanimously passed out of the Health Committee of the Assembly. Testifying in support of the bill were Mayor Jordan and Supervisor Alioto for the City and County of San Francisco. Also testifying in support were Dr. Tom Peters for Marin County, Dr. Wayne Clark for the California Alcohol and Drug Administrators, and fourteen other representatives from various community organizations.

- Community Crisis Services: The Department continues to meet with representives of Mount Zion Health System and Westside regarding the transfer of community crisis services. A target date has been set for resolution of outstanding issues related to the transfer.

LEAD POISONING SCREENING AND MANAGEMENT PROGRAM

- Update on Interdepartmental Meetings: The interdepartmental meetings on the prevention of elevated blood lead levels in children continues to meet monthly. Representatives of DPH, DSS, and the Housing Authority have recently been joined by staff from the Recreation and Park Department and School District. The Planning Department and Mayor's Office of Community Development have also been invited to join this planning group.

  DPH, DSS, and the Housing Authority are in various stages of educating their clients on the prevention of elevated blood lead levels in children. Dr. Alvaro Garza, DPH Chief Non-infectious Disease Epidemiologist is currently analyzing the 1,000 children surveyed for elevated blood lead levels.

  Topics under discussion are statewide standards for elevated blood levels as well as standards to indicate the need for abatement, and the need for a statewide training program to certify inspection and abatement contractors.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Emergency Response: At the request of the State Office of Emergency Response, Toxics staff participated in a State Administering Agency Hazardous Materials Workshop for Chemical Spills Mitigation. The purpose of the workshop was to improve community and emergency responders coordination between counties in the event of an earthquake or a chemical release.

  Federal EPA: EPA has requested Toxics staff to assist in the development of a training course on Risk Assessment and Risk Management from chemical exposures for community and governmental groups. Members of the neighborhood groups will participate.

FEBRUARY STATISTICS

- San Francisco General Hospital

| | | |
|---|---|---|
| **Inpatient** | | |
| Average Daily Census | (except newborns): | 319 |
| Newborn Nursery: | | 20 |
| Actual Patient Days | (except newborns): | 9,901 |
| Newborn Nursery: | | 624 |
| Admissions | (except newborns): | 1,488 |
| Newborn Nursery: | | 174 |
| Average Length of Stay | (except newborns): | 6 |
| Newborn Nursery: | | 4 |
| Discharge Patient Days | (except newborns): | 9,042 |
| Newborn Nursery: | | 648 |
| Discharges | (except newborns): | 1,524 |
| Newborn Nursery: | | 175 |
| **Outpatient Visits** | | |
| Primary Health | | |
| Family Health: | | 2,767 |
| General Medicine: | | 1,882 |
| Pediatric: | | 3,044 |
| OB/GYN: | | 2,136 |
| Specialty Clinics: | | 10,065 |
| **Emergency Room Visits** | | |
| Psychiatric Emergency Services: (no diversion) | | 443 |

- CPHS - Primary Care Visits for Health Centers

| Health Center | RN Only | MD | Total Visits |
|---|---|---|---|
| Health Center #1 | 2,219 | 839 | 3,058 |
| Health Center #2 | 497 | 280 | 777 |
| Health Center #3 | 1,065 | 592 | 1,657 |
| Health Center #4 | 1,014 | 1,072 | 2,086 |
| Health Center #5 | 1,003 | 346 | 1,349 |
| Tom Waddell Clinic | 1,212 | 2,275 | 3,487 |
| Potrero Hill H.C. | 338 | 729 | 1,067 |
| Southeast H.C. | 517 | 819 | 1,336 |
| Special Programs for Youth/YGC | 12,610 | 944 | 13,554 |
| TOTAL | 20,475 | 7,896 | 28,371 |

Disease Control

| | |
|---|---|
| TB Clinic | 1,945 |
| City Clinic | 1,826 |

- Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: | 80 |
| (22 beds for subacute/med complex care) | |
| Community Acute Psychiatric Beds: | 3 |

Commissioner Gray requested that a public hearing be calendared on the Critical Incidence Response Team Program so that people involved with the program come before the Commission. Flo Stroud suggested that this topic be brought to the appropriate Joint Conference Committee. President Underwood will first request a joint meeting between the Joint Conference Committees for DMSF and Community Public Health with Commissioner Gray, with the possibility of bringing the topic on to the Commission agenda.

5) OTHER BUSINESS/PUBLIC COMMENTS

Other Business:

Dr. Larry Meredith requested consideration of an emergency item on the agenda regarding another asbestos problem. This item came in too late to be calendared for today's agenda.

Action Taken:

1) The Commission accepted this item as an emergency since this emergency came up after the agenda was sent out; and

2) The Commission approved a surplus transfer of $55,000 from CPHS - Mandatory Fringes to Services of Other Departments. This amount will cover the cost of the emergency removal of asbestos between the 3rd and 4th floors of the 101 Grove Street building, and thereby enabling the 4th floor Laboratory Remodeling Project to continue.

Public Comments: Ron McClashan, Amateur Athletic Union, submitted information on steroid traffic and HIV.

The meeting was adjourned at 3:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

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4/7/92

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

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Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Morl
Secretary

TEL: (415) 554-2666

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## AGENDA

**HEALTH COMMISSION MEETING**
**Tuesday, April 7, 1992**
**3:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE SPECIAL MEETING OF MARCH 10, 1992 AND REGULAR MEETING OF MARCH 17, 1992**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Pierre Ludington)

(3.1) Request approval for patient day rates for Department of Public Health services provided.

(3.2) Request for a supplemental appropriation for FY 1991-92 at approximately $8 million using San Francisco General Hospital revenues for anticipated shortfall for Department of Public Health expenditures.

(3.3) C.O.- AIDS - Request to accept and expend a grant in the amount of $457,058 from the Centers for Disease Control to provide services of the early intervention service network demonstration project for the period of July 1, 1992 to May 30, 1993.

(3.4) C.O. - AIDS - Request to accept and expend a grant in the amount of $69,740 from the American Foundation for AIDS Research (AmFAR) to provide services of the harm reduction among needle exchange patrons project for the period of July 1, 1992 to June 30, 1993, and a sole source request with the San Francisco AIDS Foundation in the amount of $69,740.

(3.5) C.O. - AIDS - Request for approval of contracts and priorities set by the Mayor's HIV Planning Council for allocation of Title I funding of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act for fiscal year 1992/93. Formula funding is in the amount of $8,309,963 for the period of May 1, 1992 through April 30, 1993 and Supplemental funding is in the amount of $14,661,192 for the period of July 1, 1992 through June 30, 1993.

(3.6) CPHS - Bureau of Epidemiology and Disease Control - Request to accept and expend a grant in the amount of $115,397 from the California Department of Health Services to provide immunizations and perinatal Hepatitis B prevention services for the period of July 1, 1992 to June 30, 1993.

(3.7) CMHS - Child, Youth and Family Services - Request to accept and expend a grant in the amount of $95,000 from the State Department of Rehabilitation, to provide vocational services for seriously mentally ill psychiatric clients for the period of July 1, 1992 to June 30, 1993, and a sole source request with Community Vocational Enterprises, California Pacific Medical Center, in the amount of $95,000.

(3.8) CMHS - Business and Operations - Sole Source request for PSP Information Group, Inc. in the amount of $150,000, to provide support for maintenance, training and State mandated updating of Mental Health and Substance Abuse Management Information and Billing Systems for the period of April 15, 1992 through October 14, 1993.

(3.9) Update on Contracting.

4) **SPECIAL PRESENTATION TO DEPARTMENT OF PUBLIC HEALTH RETIREES**

5) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

6) **IMPACT OF PROPOSITION A (EARLY RETIREMENT) ON THE DEPARTMENT OF PUBLIC HEALTH AND CONSIDERATION OF A RESOLUTION**

7) **PRESENTATION OF PRIMARY MEDICAL CARE ON HIV**

8) **UPDATE ON CDC (CENTERS FOR DISEASE CONTROL) GUIDELINES FOR HIV DEFINITION**

9) **SECOND PUBLIC HEARING ON THE CONSIDERATION OF A RESOLUTION TO REPEAL THE SITE APPROVAL ORDINANCE FOR MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS**

10) **OTHER BUSINESS/PUBLIC COMMENTS***

*Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Patricia R. Underwood, R.N., D.N.Sc.
President

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Vice President

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Commissioner

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HEALTH COMMISSION
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# MINUTES OF THE HEALTH COMMISSION MEETING

**Tuesday, April 7, 1992**
**3:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

## 2) SPECIAL PRESENTATION TO DEPARTMENT OF PUBLIC HEALTH RETIREES

Each Commissioner and Dr. Baxter expressed their appreciation to over 300 Department of Public Health retirees for their commitment and work in the Department. Each retiree received a Certificate of Appreciation from the Commission.

## 3) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF MARCH 10, 1992 AND REGULAR MEETING OF MARCH 17, 1992

Action Taken: The Commission adopted the minutes of the special meeting of March 10, 1992 and regular meeting of March 17, 1992.

## 4) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Pierre Ludington)

(3.1) Request approval for patient day rates for Department of Public Health services provided.

Public Speaker: John Ehrlich

(3.2) Request for a supplemental appropriation for FY 1991-92 at approximately ove $11 million using San Francisco General Hospital revenues for anticipated shortfall for Department of Public Health expenditures.

(3.3) C.O.- AIDS - Request to accept and expend a grant in the amount of $457,058 from the Centers for Disease Control to provide services of the early intervention service network demonstration project for the period of July 1, 1992 to May 30, 199

(3.4) C.O. - AIDS - Request to accept and expend a grant in the amount of $69,740 from the American Foundation for AIDS Research (AmFAR) to provide services of the harm reduction among needle exchange patrons project for the period of July 1, 1992 to June 30, 1993 and a sole source request with the San Francisco AIDS Foundation in the amount of $69,740.

(3.5) C.O. - AIDS - Request for approval of contracts and priorities set by the Mayor's HIV Planning Council for allocation of Title I funding of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act for fiscal year 1992/93. Formula funding is in the amount of $8,309,963 for the period of May 1, 1992 through April 30, 1993 and Supplemental funding is in the amount of $14,661,192 for the period of July 1, 1992 through June 30, 1993.

Commissioners Chow and Ludington commented that the information on follow-up to the evaluations should have been included in the Commission packets.

Commissioner Gray raised the question of whether services should be contracted out to inexperienced community-based organizations or for the Department of Public Health to provide the service.

Commissioner Ludington will request the CARE Council to report to the Health Commission on how the monitoring is different from the first year to the second year.

(3.6) CPHS - Bureau of Epidemiology and Disease Control - Request to accept and expend a grant in the amount of $115,397 from the California Department of Health Services to provide immunizations and perinatal Hepatitis B prevention services for the period of July 1, 1992 to June 30, 1993.

(3.7) CMHS - Child, Youth and Family Services - Request to accept and expend a grant in the amount of $95,000 from the State Department of Rehabilitation, to provide vocational services for seriously mentally ill psychiatric clients for the period of July 1, 1992 to June 30, 1993, and a sole source request with Community Vocational Enterprises, California Pacific Medical Center, in the amount of $95,000.

(3.8) CMHS - Business and Operations - Sole Source request for PSP Information Group, Inc. in the amount of $150,000, to provide support for maintenance, training and State mandated updating of Mental Health and Substance Abuse Management Information and Billing Systems for the period of April 15, 1992 through October 14, 1993.

(3.9) Update on Contracting.

Commissioner Ludington requested from Department of Public Health staff which contracts of the San Francisco Foundation are retroactive (for 1991-92) and why.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

**5) REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Appointment of Deputy Director of Health: On March 30, I formally announced the appointment of Jeffrey Jue as the new Deputy Director of Health for Mental Health and Substance Abuse Services. He will officially assume his new position on June 8th. Mr. Jue is currently the mental health director for Sonoma County and previously served as the mental health director and substance abuse administrator of Merced County. He is a native San Franciscan, born and raised in Chinatown and educated in our local schools.

  I believe Mr. Jue's experience and demonstrated skills in management, communications, organizational development and hands-on clinical work, leadership in statewide mental health organizations, and his proven ability to bring together diverse interests and communities, will provide the leadership needed in the 1990's. It is my pleasure to introduce Jeffrey Jue and welcome him back to San Francisco.

  I know you will join me in recognizing Flo Stroud for her strong and capable administration throughout this long and difficult transition period. She has performed admirably and her leadership has been deeply appreciated.

DPH BUDGET

- Update on FY 1992-93 Budget: The Mayor's Budget Office has asked the Department of Public Health to outline a proposal for an additional $20 million cut to the Department's proposed baseline budget that was approved by the Health Commission in February. The Department is discussing potential additional reductions with the Ad Hoc Budget Advisory Committee and other DPH advisory groups. The Department's recommendations will be presented to the Health Commission.

  One approach to cutting an additional $20 million is to delete all new additions to the 1992-93 proposed baseline budget before making any other reductions. Possible service additions to be eliminated include: $9 million in new SB 855 programs for AIDS, TB, drug treatment and women's health; $300k in lead prevention; $686k in Toxic clean-up projects; $900k in infection control; $75k in disaster supplies; $3 million to make up for federal cuts; and $750k for new ambulances.

  Each division has been asked to review the service implications of deleting the proposed additions. Staff is also reviewing alternate options. The Department will keep the Health Commission and the DPH advisory groups informed of any changes and instructions from the Mayor's Office.

Dr. Baxter estimates the April 21 Health Commission meeting date to be the time for the Commission to consider any further budget reductions for FY 1992-93.

STATE BUDGET

- Update on Governor's Budget: In January, the Governor's budget assumed a budget gap of $5.3 billion between anticipated revenues and the amount needed to fund the cost of existing services, to restore the state's reserve, and to pay back the projected current year deficit. The Governor requested the legislature submit an early budget to deal with the deficit. The State budget is now the subject of intense political jockeying, nearly one month before the May Revise and several months before the constitutional date for submission to the Governor. As promised, the Assembly Democrats have greatly expedited the timeline for development and submission of the budget. A package of 13 budget-related bills passed the Assembly Ways and Means on March 30th and were approved on the Assembly Floor yesterday and sent to the Senate.

  At this time, there are several proposals that would have a severe negative impact upon San Francisco: The Medi-Cal program, as one of the few remaining health programs still in the State's General Fund budget, has become the focus of reductions. The Proposed Medi-Cal changes would yield a State General Fund savings of $227 million, which translates into a total reduction of $454 million, with matching federal funds.

  The Medi-Cal proposals include:

  - Limiting payment for Medi-Cal inpatient acute care to 60 days per patient per year;
  - Cutting nine optional benefits, including adult dental, podiatry, and psychology;
  - Change the rate setting for distinct part SNFs to contracting through the California Medical Assistance Commission (CMAC).

  The conservative estimate of the impact of Medi-Cal cuts on SFDPH is $1.6 million for the 60-day limit and $4 million for changes in the distinct part SNF rates - a total $5.6 million reduction. Also, any reduction in paid Medi-Cal days will reduce future payments through the SB 855 program.

  The San Francisco delegation has been advised of the impact of the 60-day Medi-Cal limitations on SFGH and impact on LHH of the proposed distinct part SNF rates.

  The budget bills also include a "trigger" that would allow the Governor to make across-the-board reductions of $2 billion through a series of triggered spending reductions. The cuts would be phased in increments and would apply initially to "non-protected" General Fund expenditures including all state operations and local assistance programs except those constitutionally protected, such as Proposition 98, IHSS and Medi-Cal provider rates. However, the final 4.5% reduction would also apply to Medi-Cal provider payments.

  The budget is continuing to evolve rapidly, and it is anticipated that the May Revise will reveal a deficit that is significantly larger than the January budget deficit. The Department will continue to work closely with our legislative advocate, affiliate organizations, and the San Francisco delegation to advocate on behalf of the City.

AIDS OFFICE

- Ryan White Care Grant Update: The total authorization for Title I of the CARE Act was $275 million. Appropriation for Title I last year was $86.08 million or 31% of its full authorization. This year, Title I was appropriated at 43% of authorization or $119.4 million.

  The AIDS Office and the Ryan White Council have been notified that funding for the San Francisco Eligible Metropolitan Area (EMA) for year two of CARE Title I will be $18.9 million. This represents a 49% increase over last year and is the result of a tremendous amount of work over the last year in operationalizing this disaster relief funding. As the Commission is aware, there are now two additional cities (18 in total) eligible for disaster relief funding. Oakland and Baltimore each received approximately $2 million dollars for their first year of Title I funding.

- AIDS Drug Program Update: The federally-funded and state-administered AIDS Drug Program (ADP) provides access to an approved list of thirteen medications for persons with AIDS/HIV infection who otherwise are unable to afford them. Currently, San Francisco participates in the ADP by dispensing approved medications through SFGH's pharmacy at the rate of approximately 700 prescriptions per month. As more individuals utilize this program, and with the recent expansion of available therapies, this program is overtaxing the already strained pharmacy system at SFGH contributing to excessive wait times for all users of SFGH pharmacy services.

  The Ryan White Council has designated $150,000 of Title I funding to decentralize the ADP. The AIDS Office is in the process of developing a pilot program for dispensing approved drugs under the ADP to qualified persons with AIDS/HIV in accessible locations throughout the city. It is anticipated that this program will be implemented by the beginning of FY 1992-93.

SAN FRANCISCO GENERAL HOSPITAL

- Diversion Update: In January, I reported on the significantly above normal levels of hospital diversion of ambulance patients at San Francisco General Hospital and community hospitals in December 1991 and informed the Commission of my meetings with the West Bay Hospitals Council, San Francisco Section CEOs. The community hospital CEOs offered several proposals to offset the financial burden they believe they incur when SFGH is on diversion.

  I agreed the Department would analyze the cost of additional staffed beds at San Francisco General Hospital versus the cost of paying a community hospital for care provided to a medically indigent adult when SFGH is on critical care diversion.

  The hospital's analysis of the average marginal costs per day to open additional beds at SFGH of $524 per day, including the physician component, indicate it is more cost effective to open additional beds at SFGH than contract with community hospitals to provide these services.

  The analysis also indicates that since the inception of the diversion MOU, there is no documented evidence that a community hospital has ever received an ambulance delivered MIA patient while SFGH was on diversion.

Participating community hospitals have benefited when SFGH is on diversion. When SFGH does not have sufficient numbers of beds to meet admission demands, sponsored patients are transferred out to community hospitals. Since July 1991, 41 sponsored patients who would have been admitted to SFGH, were transferred to community hospitals.

In keeping with the MOU, SFGH did respond to the continued high rate of diversion in December by implementing emergency procedures and opening two additional critical care beds and eight ward beds in January. These actions have proven to be effective and in subsequent months, SFGH's diversion rates have been under 15%.

LAGUNA HONDA HOSPITAL

- Chief Financial Officer: Albert Diaz was appointed Chief Financial Officer of Laguna Honda Hospital effective March 30th. Mr. Diaz most recently worked at the Natividad Medical Center in Salinas, a 211-bed hospital with a 50-bed skilled nursing facility. Previously, he served as associate hospital administrator at High Desert Hospital in Lancaster, California. We welcome Mr. Diaz to the San Francisco Department of Public Health.

- Administrative Changes: Dr. Mary Anne Johnson, Medical Director will assume the management of the Social Services Department, Adult Day Health Center Program, and the Senior Nutrition Program on an interim basis due to the retirement of Leo Walsh.

COMMUNITY PUBLIC HEALTH SERVICES

- Title X "Gag Rule": Two weeks ago, the Deputy Assistant Secretary for Population Affairs released a memorandum to the regional health administrators regarding implementation of the Title X abortion regulations, "the gag rule." While initial news stories made it appear the "gag rule had been lifted", the regulations include three disturbing components:

    - Only doctors will be allowed to answer questions regarding abortion and it is not clear if their speech can be entirely "free" or limited to questions regarding medical conditions that might lead to choosing abortion;

    - Referrals may be made by Title X programs to full-service health care providers that perform abortions, but not to providers whose principal activity is providing abortion services;

    - It is still not clear what an agency receiving other funding will be allowed to do if they also receive Title X funds.

  Regional health administrators will send an interpretation of the memorandum to California Family Planning, the grantee agency for California. Grantees will have 30 days to indicate whether or not they intend to comply. Grantees will have an additional 30 days to come into compliance.

  DPH Family Planning is conducting "business as usual" providing women with all options in relationship to detection of pregnancy and its outcome. Upon receipt of the regulations from the funding source, the Department will prepare a plan for review for the Health Commission. This should occur in next 30 days.

- Update on TB: In the first quarter of 1992, 92 cases of TB are reported, compared to 78 and 72 in 1991 and 1990. 56.6% of the cases are among the foreign born and 5 are among the homeless population. None of the cases are multidrug resistant. While this represents a fairly large increase, Dr. Gisela Schechter feels it is premature to interpret this as a definite indication of an upsurge since fluctuations do occur. There is a possibility that early reporting due to awareness in the community has contributed to the increase.

- Cholera: San Francisco has reported a case of cholera in a local patient who has not traveled for several years. This is the first case of cholera reported in San Francisco since 1970. Cholera acquired locally is very rare, both in California and San Francisco. Occasionally a case of cholera occurs associated with eating uncooked shellfish. That is not the case for this patient.

  Careful questioning has not revealed an obvious source for this infection. While the State Infectious Disease Branch has informed us this occurs on occasion, an intensive investigation is being carried out by Epidemiology and Disease Control to try to discover the source of infection. I will provide the Commission with any additional information that is discovered.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Alemany Housing Meeting: Staff participated in a meeting on March 20 with the Alemany Tenant's Association regarding remediation and clean-up of lead contaminated soil. Work will be started after 5 days of no rain.

EMERGENCY SERVICES

- Airport Air Crash Exercise: The EMS Agency, Paramedic Division, and Bureau of Toxics participated in the SF Airport Air Crash Exercise conducted on April 2. The exercise involved a simulated crash of two planes. One contained hazardous materials creating a situation where firefighters had to be decontaminated. The other plane contained 140 students, many of whom had to be triaged, then treated for injuries. The EMS Agency assisted in a Bay Area mutual aid plan, assessing emergency capacities of various hospitals. The Paramedic Division provided two paramedics and an ambulance to assist in triage and treatment of the injured.

AMERICANS WITH DISABILITIES ACT (ADA)

- Orientation Sessions: The ADA provides civil rights protection to individuals with disabilities in the areas of employment, state, and local government services, public accommodations and telecommunications. DPH is committed to having an employment and service delivery system that is accessible to people with disabilities. As a follow-up to Disability Awareness Month, the Department of Public Health is sponsoring a series of Americans with Disabilities Act (ADA) orientations for providers.

  The first session was held last week at Carr Auditorium, SFGH. The goal of the workshops is twofold: 1) to inform providers about ADA requirements and what specific provisions apply to contractors; and 2) to disseminate copies of the disabilities access survey to be completed by provider agencies. Rafael Centeno, DPH EEO Officer is coordinating the orientation sessions with Paul Imperiale, Mayor's Disabilities Coordinator.

MARCH STATISTICS

- AIDS Statistics (from 7/1/81 to 3/31/92)

| | |
|---|---|
| Total San Francisco cases: | 12,122 |
| Total San Francisco deaths: | 8,734 |
| Total S.F. cases for March: | 203 |
| Total S.F. deaths for March: | 161 |

- Laguna Honda Hospital

| | |
|---|---|
| Average Daily Census: | 1,086 |
| Acute Med/Surg: | 3 |
| Acute Rehab: | 6 |
| Clarendon Hall: | 169 |
| AIDS SNF: | 9 |

- Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: | 79 |
| (19 beds for subacute/med complex care) | |
| Community Acute Psychiatric Beds: | 2 |

All other monthly statistics will be reported on April 21.

## 6) IMPACT OF PROPOSITION A (EARLY RETIREMENT) ON THE DEPARTMENT OF PUBLIC HEALTH AND CONSIDERATION OF A RESOLUTION

Dr. Baxter provided a report on the impact of Proposition A, delineating each vacated position and the impact on services if the positions are not filled. The Department has taken the approach of requesting "most urgent' positions. Dr. Baxter pointed out that the slow process in filling many of the positions will necessitate service reductions. The full report is available at the Commission Office, Room #311, 101 Grove Street.

Due to the seriousness of the impact on hospital accreditation, revenue production, compliance with consent decreee, MOU staffing requirements, and quality of care for Laguna Honda Hospital, San Francisco General Hospital, Community Public Health Services, Forensic Services, Community Mental Health, and Environmental Health, the Commission will send to the Mayor and the Board of Supervisors a resolution expressing the urgency of this situation.

Action Taken: The Commission adopted resolution #5-92, (Attachment A).

## 7) PRESENTATION OF PRIMARY MEDICAL CARE ON HIV

Dr. Sandra Hernandez, Director of the AIDS Office and Acting Medical Director of CPHS, presented a report on Primary Care Services for HIV-Infected Individuals. The full report is available in the Commission Office, 101 Grove Street, Room #311. The report outlined the Department's strategy in putting together a primary medical care model, particularly for low income, uninsured and/or underinsured HIV-infected residents of San Francisco. Also described was the clinical service system which includes acute care linkage, patient referral system, outpatient infusion, pharmacy, social services, the Center for Positive Care, and utilization data. A summary of services provided by medical clinics to people with HIV was also included.

Commissioner Ludington commended the AIDS Division's efforts to integrate AIDS care and services into the overall health system, instead of having a separate AIDS care system.

President Underwood expressed her support for the report and encouraged the Department to disseminate the information as part of an education effort for elected officials and AIDS advocates.

**8) UPDATE ON CDC (CENTERS FOR DISEASE CONTROL) GUIDELINES FOR HIV DEFINITION**

This item was withdrawn from the agenda because the CDC have not formally released its definition.

**9) SECOND PUBLIC HEARING ON THE CONSIDERATION OF A RESOLUTION TO REPEAL THE SITE APPROVAL ORDINANCE FOR MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS**

President Underwood requested Dr. Baxter to present the Department's plan if the site approval ordinance was repealed. Dr. Baxter stated that because he would not want to establish any other discriminatory procedure and yet would want to have a communication mechanism with the neighborhood, the Department would want to establish a mechanism to promote education and advocacy roles in the neighborhood and to minimize any adversary role.

Deputy City Attorney Paula Jesson emphasized that her office believes the Board of Supervisors had a "reasonable basis for making the legislative distinctions provided in the ordinance" and that "there may be policy reasons for the Commission to recommend that Section 15.7 be repealed. However, we cannot say at this time that Section 15.7 is clearly invalid on its face."

Commissioner Chow requested a historical background on why this ordinance was initially put in place and a more formal Department process that would replace the present Department process.

Commissioner Sanchez strongly voiced his desire to leave this ordinance as is.

Commissioner Rosenstiel raised the issue whether it is good policy to have a procedure for site approval and, if so, for the Department to develop a better and improved procedure.

Dr. Baxter commented that the fundamental question is to determine whether this is a "reasonable" ordinance and procedure and the separate question of whether the ordinance is legal or not.

Commissioner Gray stated that the Commission should not loose sight of the politics on this issue at the Board of Supervisors level; and the Commission should keep this in perspective.

Action Taken: The Commission tabled this item because more dialogue and information are needed. The Commission requested the Department to bring back a report addressing the following in order for the Commission to make a decision:

a) the history of how and why this ordinance was originally put in place.

b) what was the "reasonable basis" of the Board of Supervisors when the ordinance was originally passed and does this "reasonable basis" currently exist?

c) have there been any "significant obstacles" to the establishment of mental health and substance abuse programs?

d) the Department's proposed procedures if the ordinance were repealed, avoiding any discriminatory procedures against any health care programs but setting up a communication mechanism in an education/advocacy role with the neighborhoods.

d) a resolution that reflects a direction on this issue.

**10) OTHER BUSINESS/PUBLIC COMMENTS**

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO 5-92

## RESOLUTION TO SUPPORT THE PROMPT REPLACEMENT OF POSITIONS VACATED DUE TO EARLY RETIREMENT (PROPOSITION A)

WHEREAS, the Department of Health Services provides services vital to the health and well-being of the residents of San Francisco; and,

WHEREAS, the budgeted level of health services is directly related to community demand, compliance with state and local mandates, MOU staffing specifications, accreditation and licensing requirements and revenue targets; and,

WHEREAS, the staffing levels reflected in the approved budget must be maintained if health and safety services are to meet community demands and standards, while generating certifiable revenues; and,

WHEREAS, it is not in the community's best interest to have gaps in or disruption of needed and established health care services; therefore, be it

RESOLVED, that the Health Commission urges the Mayor and Board of Supervisors to take any and all actions necessary to expeditiously fill those positions vacated due to early retirement (Proposition A) which are vital to the continuing provision of health services.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, April 7, 1992.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment A

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street
San Francisco, CA 94102

(Address Correction Requested)

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Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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# AGENDA

## HEALTH COMMISSION MEETING
**Tuesday, April 21, 1992**
**3:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE MEETING OF APRIL 7, 1992**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Pierre Ludington)

(3.1 Consideration of a supplemental appropriation in the amount of $1,400,000 for the 1987 Mental Health Skilled Nursing Facility Bond Program.

(3.2) Consideration of renewal of lease for property at 35 Onondaga Avenue for Adult Day Health Services.

(3.3) AB 75/ADMIN & EMS - Modification to the contract with Medicus Systems Corp. in the amount of $51,000 to provide SB12 Physician Fiscal Intermediary Services and ($15,000) reduced AB75 administrative services for the period of certification to December 31, 1992. (DPH contracted with Medicus Systems Corp. for services totaling $67,220 in FY 90-91).

(3.4) AB 75/CPHS - Health Education - Modification to the contract with Lyon-Martin Women's Health Services, in the amount of $43,996, to provide tobacco cessation and relapse services as well as participate in tobacco control policy related activities, for the period of May 9, 1992 through November 30, 1992. (DPH contracted with Lyon-Martin Women's Health Services for services totaling $33,830 in FY 90-91).

(3.5) C.O. - Administration - MIA Program - Request to apply for, accept and expend a continuation allocation in the amount of up to $2.5 million from the State Department of Health Services to provide legalized indigent medical assistance (LIMA) funds for the period of July 1, 1991 to June 30, 1992.

(3.6) CPHS - Homeless Program - Request to accept and expend as subgrantee a grant augmentation in the amount of $299,433 from the San Francisco Community Clinic Consortium to provide primary health care and substance abuse services for the period of May 1, 1992 to October 31, 1992.

(3.7) CPHS - Administration - Request to accept and expend a new grant in the amount of $1,053,333 from the State Department of Health Services to provide breast and cervical cancer screening and diagnostic and follow-up services for the period of June 1, 1992 to June 30, 1994, and sole source requests for the period of Controller certification date of contract through June 30, 1994 with the South of Market Health Center in the amount of $90,859; Northeast Medical Services in the amount of $230,962; Mission Neighborhood Health Center in the amount of $115,817; University of California Women's Health Center in the amount of $228,661; and the University of California Mobile Mammography Van in the amount of $98,583. (DPH did Not contract with Northeast Medical Services or South of Market Health Center in FY 90-91, contracted with Mission Neighborhood Health Center in the amount of $896,832 in FY 90-91).

(3.8) CPHS - Bureau of Epidemiology and Disease Control, TB Control - Request to accept and expend a continuation grant in the amount of $508,860 from the Centers for Disease Control to provide services to reduce and control tuberculosis for the period of April 1, 1992 to March 31, 1993.

(3.9) CPHS - Bureau of Epidemiology and Disease Control, STD Control - Request to accept and expend a new grant in the amount of $140,591 from the Centers for Disease Control to provide for a computer-based quality assurance system for the period of June 1, 1992 to May 31, 1993.

(3.10) DMSF - CMHS - Adult Acute - A renewal contract with California Medivan dba MV Transportation in the amount of $131,468 per year, to provide back-up psychiatric and immediate 5150 response transportation services for the period July 1, 1991 through June 30, 1994. (DPH contracted with MV Transportation for services totaling $82,350 in FY 90-91).

(3.11) DMSF - CSAS - Renewal contract with the Regents of the University of California/Program for AIDS Counseling and Education (PACE), in the amount of $366,151/first year, to provide HIV prevention through methadone maintenance services for the period of July 1, 1991 through June 30, 1995. (DPH Contracted with the Regents of the University of California for services totaling $5,326,966 in FY 90-91 exclusive of the Affiliation contract).

(3.12) DMSF - CSAS - Request for site approval to relocate current services and new drop-in services provided by Chemical Awareness and Treatment Services, Inc. at 1446 Market Street (entrance on Fell Street).

(3.13) Update on contracting.

(3.14) Site approval for a proposed Fell Street Drop-in Center for homeless substance-abusers at 1446 Market St.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) UPDATE ON FY 1992-93 DEPARTMENT OF PUBLIC HEALTH BUDGET

6) CONSIDERATION OF A RESOLUTION ON THE LAGUNA HONDA HOSPITAL MASTER FACILITIES BOND

7) REPORT ON SURVEILLANCE ON LEAD TESTING

8) OTHER BUSINESS/PUBLIC COMMENTS*

9) EXECUTIVE SESION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9 "PENDING LITIGATION," CONSIDERATION OF CLAIM #897-816 AT SAN FRANCISCO GENERAL HOSPITAL IN THE AMOUNT OF $20,000.

*Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

## HEALTH COMMISSION

## PENDING AGENDA*

**May 5, 1992**

- Presentation of Department of Public Health Emergency Medical Services

  EMS Agency

  Paramedics

  Base Hospital

* This is only a pending agenda, subject to change again.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

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Secretary

TEL: (415) 554-2666

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# ADDENDUM

## TO

## HEALTH COMMISSION AGENDA

Tuesday, April 21, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

CONSENT CALENDAR OF THE BUDGET COMMITTEE:

(3.15) Consideration of a supplemental appropriation in the amount of $3 million to contribute to the SB 1255 Program.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

## MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, April 21, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 7, 1992

Action Taken: The Commission adopted the minutes of the meeting of April 7, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Pierre Ludington)

(3.1 Consideration of a supplemental appropriation in the amount of $1,400,000 for the 1987 Mental Health Skilled Nursing Facility Bond Program.

(3.2) Consideration of renewal of lease for property at 35 Onondaga Avenue for Adult Day Health Services.

(3.3) AB 75/ADMIN & EMS - Modification to the contract with Medicus Systems Corp. in the amount of $51,000 to provide SB12 Physician Fiscal Intermediary Services and ($15,000) reduced AB75 administrative services for the period of certification to December 31, 1992. (DPH contracted with Medicus Systems Corp. for services totaling $67,220 in FY 1990-91).

(3.4) AB 75/CPHS - Health Education - Modification to the contract with Lyon-Martin Women's Health Services, in the amount of $43,996, to provide tobacco cessation and relapse services as well as participate in tobacco control policy related activities, for the period of May 9, 1992 through November 30, 1992. (DPH contracted with Lyon-Martin Women's Health Services for services totaling $33,830 in FY 1990-91).

Commissioner Ludington requested an evaluation component to tobacco control programs.

(3.5) C.O. - Administration - MIA Program - Request to apply for, accept and expend a continuation allocation in the amount of up to $2.5 million from the State Department of Health Services to provide legalized indigent medical assistance (LIMA) funds for the period of July 1, 1991 to June 30, 1992.

(3.6) CPHS - Homeless Program - Request to accept and expend as subgrantee a grant augmentation in the amount of $299,433 from the San Francisco Community Clinic Consortium to provide primary health care and substance abuse services for the period of May 1, 1992 to October 31, 1992.

(3.7) CPHS - Administration - Request to accept and expend a new grant in the amount of $1,053,333 from the State Department of Health Services to provide breast and cervical cancer screening and diagnostic and follow-up services for the period of June 1, 1992 to June 30, 1994, and sole source requests for the period of Controller certification date of contract through June 30, 1994 with the South of Market Health Center in the amount of $90,859; Northeast Medical Services in the amount of $230,962; Mission Neighborhood Health Center in the amount of $115,817; University of California Women's Health Center in the amount of $228,661; and the University of California Mobile Mammography Van in the amount of $98,583. (DPH did Not contract with Northeast Medical Services or South of Market Health Center in FY 1990-91, contracted with Mission Neighborhood Health Center in the amount of $896,832 in FY 1990-91).

Commissioner Gray suggested that Commissioner Ludington review these contracts instead of each contract coming back to the Commission.

Commissioner Chow raised a question on the possibility of a policy change on sole source contracts. He also commented on the Commission receiving inaccurate information on demographics of staff, clients served, and Board of Directors for South of Market Health Center.

Public Speaker: John Ehrlich

(3.8) CPHS - Bureau of Epidemiology and Disease Control, TB Control - Request to accept and expend a continuation grant in the amount of $508,860 from the Centers for Disease Control to provide services to reduce and control tuberculosis for the period of April 1, 1992 to March 31, 1993.

(3.9) CPHS - Bureau of Epidemiology and Disease Control, STD Control - Request to accept and expend a new grant in the amount of $140,591 from the Centers for Disease Control to provide for a computer-based quality assurance system for the period of June 1, 1992 to May 31, 1993.

(3.10) DMSF - CMHS - Adult Acute - A renewal contract with California Medivan dba MV Transportation in the amount of $131,468 per year, to provide back-up psychiatric and immediate 5150 response transportation services for the period

July 1, 1991 through June 30, 1994. (DPH contracted with MV Transportation for services totaling $82,350 in FY 1990-91).

(3.11) DMSF - CSAS - Renewal contract with the Regents of the University of California/Program for AIDS Counseling and Education (PACE), in the amount of $366,151/first year, to provide HIV prevention through methadone maintenance services for the period of July 1, 1991 through June 30, 1995. (DPH Contracted with the Regents of the University of California for services totaling $5,326,966 in FY 1990-91 exclusive of the Affiliation contract).

(3.12 and 3.14) DMSF - CSAS - Request for site approval to relocate current services and new drop-in services provided by Chemical Awareness and Treatment Services, Inc. at 1446 Market Street (entrance on Fell Street).

This was referred to the Full Commission.

(3.13) Update on contracting.

Dr. Larry Meredith reported that potential policy changes will be presented to the Commission as part of the Department's streamlining process for contracts.

(3.15) Consideration of a supplemental appropriation in the amount of $3 million to contribute to the SB 1255 Program.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, deferring #3.12/3.14 to the Full Commission.

3.12/3.14) Consideration of a site approval for a proposed Fell Street Drop-in Center for homeless substance-abusers at 1446 Market Street.

Dr. Bob Prentice, Director of Homeless Health Program, provided an overview of the site approval request for Chemical Awareness and Treatment Services, Inc. (CATS), which includes their administrative office, the Driving Under the Influence Program, the Mobile Assistance Patrol Office, and a new drop-in center for homeless substance abusers. The new drop-in center will be an attempt to minimize the number of homeless substance abuser deaths on the streets of San Francisco by providing services for this population who is seeking a safe, supportive refuge. Professional staff will provide counseling, information, education, and referral to relevant services and resources. The program will be limited to no more than 50 people. Dr. Prentice reviewed the site approval process, including community meetings held with the surrounding neighbors.

Larry Cruz, Mayor's Office Homeless Coordinator, reported the Mayor's support for the program and that the Mayor sees this program as a partial solution to the problem of public inebriates. Mr. Cruz has been assigned to work with the Department and the community on this issue.

Public Speakers:

Steve Kever, Coalition on Homelessness and resident
Paul Drewitz, California State Automobile Association
Ray Masterson, Coalition on Homelessness
Kym Valadez, Homeless Service Providers
Robert A. Wilson, Community Housing Partnership

Jim Lazarus, S.F. Chamber of Commerce
Russell Holmes, Homeless Veterans Action Committee
M. Connor, Travelers Aid Transbay Outreach
Larry Larson, Bank of America
Eric Brizee, Citywide Alcoholism Advisory Board
Benny Yee, merchant
George Antoniotte, Judi's Place
Chris Kanios, New College of Law
Michael L. Ohleyer, Herbst Foundation
Judy, Fox Plaza resident
Rita R. Semel, S.F. Council on Homelessness
D. Heilbron, Fox Plaza resident
David Stadtner, Grand Central
Pamela Duffy, Fox Plaza
Paul Boden, Coalition on Homelessness
Josh Brandon
Anthony Von der Muhll, Haight Ashbury Neighborhood Council
Amanda Feinstein, S.F. Council on Homelessness
Jerry McIver, MAP Assistant Director

Commissioner Kaufman stated her concern for the lease timeline but also for the need of community representatives to negotiate.

Commissioner Gray expressed her support for the Department to work out something within the next two weeks.

Commissioner Rosenstiel stated his expectation would be that both sides would negotiate but not cripple the program.

Commissioner Chow requested the parties to have good faith negotiations to mitigate some of the neighborhood concerns. He also requested the following information:

a) What would be the expected number of persons using the services?

b) What are the other programs in the City for public inebriates?

c) What is the official Police Department position on this site approval?

President Underwood stated the sentiment of the Commission is to continue this item to the May 5, 1992 regular agenda.

Action Taken: The Commission voted to continue this item to the Full Commission on May 5, 1992; for the Department to continue working with the neighborhood; and to incorporate appropriate issues into the contract.

4) **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**
(Raymond J. Baxter, Ph.D.)

UPDATE ON PROPOSITION A - EARLY RETIREMENT

- DPH Positions: Prior to last week, the Prop A Review Committee approved 199 DPH positions for immediate backfill out of a total of 327 retirees in the Department of Public Health. Last week, I reported to the Committee that 34 of the remaining positions were scheduled to be deleted in the 92-93 budget (as part of the additional $20 million cut) and requested

immediate backfill of 81 of the 94 remaining positions with restoration of 13 positions by July 1. The Committee approved 14 additional positions for retention in addition to the 199 already approved, a total of 213 positions. DPH positions may be reduced by 114: 80 Prop A positions not approved for refill, and 34 Prop A positions deleted for budget cuts.

| Division | Retirees | Positions Approved | Budget Cuts | Positions Not Approved |
|---|---|---|---|---|
| SFGH | 135 | 74 | 10 | 51 |
| LHH | 103 | 63 | 8 | 32 |
| DMS | 36 | 25 | 6 | 5 |
| CO/CPHS | 53 | 37 | 10 | 6 |
| | 327 | 199 | 34 | 94 |
| Add. Positions Approved | | 14 | | (14) |
| Total Positions | | 213 | 34 | 80 |

The Department will have a choice in which 14 additional positions will be retained, departmentwide. If the remaining 80 positions are not approved for refilling, the Department will have to make serious service reductions at Laguna Honda Hospital and San Francisco General Hospital above and beyond those contemplated in the budget cuts for next year. I will discuss this in more detail in my report on the budget.

- Beilenson Lawsuit: The San Francisco Neighborhood Legal Assistance Foundation has filed a lawsuit on behalf of an indigent city resident against the City, the Mayor, and the three members of the committee established under the early retirement measure, Proposition A. The plaintiff alleges that the early retirements in the Department of Public Health will cause drastic reductions in health services and seeks a Court order to compel the City to post Beilenson notices for Proposition A created reductions.

  Plaintiff also seeks an order commanding the City to "refrain from any reduction in public health services" and "to immediately fill all positions" that the Department has recommended that the Proposition A Committee find "mandated". A hearing on the lawsuit was initially set for April 21 but the Plaintiff, in order to engage in discovery, has had the hearing continued until May 29.

SAN FRANCISCO GENERAL HOSPITAL

- Poison Control Center: On April 7, a majority of the Assembly Health Committee voted to refer AB 3103, the Poison Exposure Management and Prevention Act of 1992, to Assembly Ways and Means. The bill is expected to be heard in Assembly Ways and Means in mid-May.

  The bill would provide funding for California's seven regional poison control centers financed with fees levied against manufacturers of products that most often lead to poisonings. Four of the seven regional poison control centers are currently threatened with closure due to the lack of financial resources.

  Thomas Kearney, Director of the San Francisco Bay Area Regional Poison Control Center, is working on a fee structure and will be meeting with the manufacturers. Counties throughout the State are in support of the legislation.

Pending state legislation, I am continuing to work with other counties served by our Bay Area Poison Control Center to obtain their commitment to share the cost of operations for the next fiscal year.

- Critical Care Diversion: Critical care diversion continues to return to levels seen during this same period last year.

  For the month of March, three hospitals had minor increases in critical care diversion and one hospital (UCSF) had a significant increase while two hospitals had a significant decrease in critical care diversion:

| | | |
|---|---|---|
| Kaiser | - | 1% to 5% |
| St. Francis | - | 0% to 4% |
| SFGH | - | 4% to 10% |
| UCSF | - | 8% to 24% |
| St. Luke's | - | 16% to 3% |
| St. Mary's | | 13% to 6% |

LAGUNA HONDA HOSPITAL

- Freedom of Choice Waiver: Anthony Wagner, Executive Administrator of Laguna Honda testified in Baltimore before the Health Care Financing Administration (HCFA) against California's request for a waiver of patients' rights to freedom of choice in nursing home placement after acute hospitalization.

  The State is seeking to reactivate transfer and admission policies proposed in response to the Hudman vs. Kizer lawsuit requiring acute hospitals to discharge patients to a freestanding nursing home within a certain radius rather than a distinct-part skilled nursing facility. A preliminary injunction against implementing the new regulations was granted in Laguna Honda v. Kizer requiring the State to seek a federal waiver, which is now under consideration by HCFA. The regulations sought by the State will delay admissions to Laguna Honda Hospital as well as impose costly requirements on discharges from San Francisco General Hospital.

- Training for UCSF Medical Students: For the first time, first year medical students from UCSF will be spending time at Laguna Honda Hospital with LHH physicians who will serve as preceptors to the students in their first clinical experience. This is a unique opportunity to introduce geriatrics and long-term care to students early in their training. For the past two years, LHH has offered clinical rotations for residents, senior students and geriatric fellows. This is a no cost, mutually beneficial agreement between LHH and UCSF.

- Youth Services Day at LHH: On Saturday morning, April 25, Mayor Jordan and 400 students and volunteers are expected to help "spruce up" the campus grounds as part of a citywide effort to support volunteerism. A barbeque will follow for the volunteers.

- China Delegation: Dr. Mary Anne Johnson is part of a delegation visiting three cities in China over ten days to review health care community and youth services. The trip has been organized by the U.S.- China Educational Institute and is partially funded by a Kellogg Foundation Fellowship.

- Assistant Administrator Elected: Dennis Sato, Assistant Administrator, has been elected to serve a two year term as co-chair of the Healthcare Financial Management Association's Systems Committee for the Northern California Chapter. The Systems Committee is comprised of information systems professionals with a shared interest in improving the management of information resources and systems in the delivery of healthcare services.

- Adult Day Health Network Award: The hospital's Adult Day Health Center received an award from the Adult Day Health Network and LHH staff were commended for their fine work. LHH is the only city-operated Adult Day Health site.

AFFIRMATIVE ACTION COMMENDATION

- Letter of Commendation from the State: The Department received a letter of commendation from the State Department of Fair Employment and Housing for affirmative action/equal employment opportunity practices. The State's monitoring report indicates DPH minority representation exceeds the local labor market availability goal by 25% and exceeds the local labor market availability for women by 20%.

  The Department of Fair Employment and Housing, Office of Compliance Programs is the compliance enforcement agent for the State of California's Affirmative Action/Equal Employment Opportunity Regulations. Rafael Centeno, Affirmative Action Officer and DPH managers, as well as the Executive Staff should take pride in this achievement.

MARCH STATISTICS

- San Francisco General Hospital

Inpatient

| | | |
|---|---|---|
| Average Daily Census | (except newborns): | 340 |
| Newborn Nursery: | | 19 |
| Actual Patient Days | (except newborns): | 10,551 |
| Newborn Nursery: | | 604 |
| Admissions | (except newborns): | 1,589 |
| Newborn Nursery: | | 167 |
| Average Length of Stay | (except newborns): | 7 |
| Newborn Nursery: | | 4 |
| Discharge Patient Days: | (except newborns): | 10,827 |
| Newborn Nursery: | | 603 |
| Discharges | (except newborns): | 1,583 |
| Newborn Nursery: | | 161 |

Outpatient Visits:

| | |
|---|---|
| Primary Health | |
| Family Health: | 3,261 |
| General Medicine: | 2,234 |
| Pediatric: | 3,305 |
| OB/GYN: | 2,630 |
| Specialty Clinics: | 10,784 |

Emergency Room Visits:

| | |
|---|---|
| Psychiatric Emergency Services: (no diversion) | 419 |

- CPHS - Primary Care Visits for Health Centers

| Health Center | RN Only | MD | Total Visits |
|---|---|---|---|
| Health Center #1 | 2,470 | 1,004 | 3,474 |
| Health Center #2 | 567 | 280 | 847 |
| Health Center #3 | 1,339 | 580 | 1,847 |
| Health Center #4 | 1,331 | 1,078 | 2,409 |
| Health Center #5 | 1,208 | 422 | 1,630 |
| Tom Waddell Clinic | 1,258 | 2,558 | 3,816 |
| Potrero Hill H.C. | 449 | 708 | 1,157 |
| Southeast H.C. | 542 | 1,046 | 1,588 |
| Special Programs for Youth/YGC | 10,281 | 1,171 | 11,452 |
| TOTAL: | 19,445 | 8,775 | 28,220 |

| Disease Control | |
|---|---|
| TB Clinic | 2,260 |
| City Clinic | 2,187 |

All other March statistics were reported at the previous Health Commission meeting.

## 6) CONSIDERATION OF A RESOLUTION ON THE LAGUNA HOSPITAL MASTER FACILITIES BOND

Tony Wagner, Executive Administrator of Laguna Honda Hospital, presented a resolution for Commission consideration and introduced the following speakers:

| | |
|---|---|
| Rudy Nothenberg | - Chief Administrative Officer of San Francisco |
| Meg Doherty | - Program Coordinator for the Office of the Long-Term Care Ombudsman |
| Walter Johnson | - Secretary/Treasurer of the San Francisco Labor Council |
| George Linn | - Mid-Town Terrace Homeowners Association |
| Lee Tyree | - Homeowners Association |
| Dr. James Budke | - Laguna Honda Hospital Past Chief of Staff |
| Virginia Leishman, R.N. | - Laguna Honda Hospital Director of Nursing |

Mr. Nothenberg explained the process for the issuance of bonds and reported that by June 9, 1992, he would normally make recommendations to the Board of Supervisors on bond issues for the November ballot. However, he will not be recommending pro/con on the bond issues. Instead, he will provide information to the decision-makers by preparing a schedule showing the tax impact if the proposed bonds were passed by the voters in June or November. The total amount for proposed bonds on the November ballot is $1.2 billion, which exceeds the legal debt of the City.

Public Speakers: John O'Brien
John Ehrlich

Each Commissioner spoke in support of the resolution for the bond to be placed on the November 1992 ballot and encouraged everyone to participate in the campaign to get the bond approved by the voters.

Action Taken: The Commission unanimously adopted Resolution #6-92, (Attachment A).

## 7) REPORT ON SURVEILLANCE ON LEAD TESTING

Dr. Baxter introduced this topic by pointing out the survey report showed that over 8% of children surveyed were lead poisoned, thereby showing that childhood lead poisoning is a significant public health/environmental problem in San Francisco.

The following individuals presented:

Dr. Myra C. Snyder - Overview of the Department of Public Health's Lead Poisoning Prevention Plan.

Dr. Alvaro Garza - Summary of the study (available in the Commission office) and recommendations, (Attachment B).

Neil Gendel - Role of the Coalition on the Prevention of Lead Poisoning.

A review of existing efforts suggests that the City is not adequately protecting children from lead nor providing adequate programs to intervene for children with toxic levels. Therefore, existing services must be expanded to address this preventable environmental health problem of children in San Francisco.

Commissioner Chow raised the funding issue of how Proposition J (Children's Amendment) can be tapped for this critical need.

Public Speakers: Shelly Beachly Rodrigues, S.F. Medical Society
Angela Chu, Community Tenants Association
Ellen Widess, Children's Advocacy Institute
Vera Kennedy, Hunter's View Resident Management

Action Taken: The Commission adopted Resolution #7-92, (Attachment C).

## 5) UPDATE ON FY 1992-93 DEPARTMENT OF PUBLIC HEALTH BUDGET

President Underwood stated that in March the Commission had already approved the Health Department 1992-93 budget which was balanced with no service cuts. That budget is now in the Mayor's office.

Dr. Baxter reported the Department was requested by the Mayor to detail what would be proposed if $20 million more were to be cut. If the Department is asked to cut another $20 million, the total cuts from the Department of Public Health would be $37 million, which is a 25% cut overall from the General Fund. Dr. Baxter reported that the proposed further reductions are very fluid; that the Department has not had a chance to talk with some of the programs that may be cut; but the Department cannot make cuts of this magnitude unless all segments of the community are affected directly or indirectly.

Dr. Baxter presented the following: (Attachment D).

- **Scenario One** involves deletion of most of the SB 855 Program additions as detailed in the Board of Supervisors resolution, deletion of other planned Department of Public Health service increases, and cuts in existing programs. In order to mitigate the service impact of this reduction, DPH was also able to come up with about $4.5 million in revenue proposals and administrative and operating cost reductions. The total General Fund reduction is approximately $16.4 million.

Scenario Two assumes that the City and County proceeds with the full SB 855 package of $9 million, and that the Department of Public Health would need to find other service reductions in order to meet its targets. DPH has detailed $6 million in reduction options in order to accomplish this. The total General Fund reduction of Scenario Two would also be about $16.4 million.

Finally, the Department has detailed the impact of the recent decisions of the Proposition A Committee on the 1992-93 budget. In summary, if the remaining 94 vacancies for which DPH requested approval are not filled, it would result in an additional $8.7 million in service cuts beyond the Scenario One totals. $6.3 million of these cuts are a direct result of cutting the 94 positions, and about $2.4 million in service cuts would need to be added as a result of the net revenue loss from those positions. As of Friday, April 17, the Proposition A Committee indicated that only 14 of these 94 positions would be approved.

A more detailed list of the reductions is available from the Commission office.

Dr. Baxter strongly pointed out that none of these proposed scenarios are desirable; nor would the Department advocate them because of the impact on health care in the City.

Public Speakers:

John O'Brien
Carol Francois, Bayview Hunter's Point Foundation
Nsoah Chionesco, Bayview Hunter's Point Foundation Acupuncture Clinic
Ellenor Craft, Bayview Hunter's Point Foundation
Michael Blecker, Swords to Plowshares
Gail McBride, MIA Program
George Dykstra, Haight Ashbury Free Medical Clinic
Kevin McGirr, Operation Concern
Shelton Yee, Salvation Army
Ernest Andrews, MTRC
Corrine Kirkland, Bayview Hunter's Point Foundation
Robert Wilson, Community Housing Partnership
Roy Crew, MHAB
Tab Buchner, Harvey Milk Lesbian/Gay Democratic Club

President Underwood and Commissioner Rosenstiel encouraged the speakers to send letters to the Mayor and the Board of Supervisors.

Commissioner Kaufman inquired as to whether all of the Department Heads have met together with the Mayor and the Controller to see if these budget deficit projections are real. Dr. Baxter reported that the Department Heads with the Controller and Mayor will have an opportunity to look at the figures in more detail.

Commissioner Ludington encouraged the public to attend the noon rally on Monday, April 27, 1992 in front of City Hall. He also thanked the members of the press who stayed to listen to the budget information.

President Underwood requested Sandy Mori, Commission Secretary, to make an appointment with the Mayor for Vice President Paul Rosenstiel, Budget Committee Chairman Pierre Ludington, and herself to discuss this crisis budget situation.

Dr. Baxter with his Executive Staff will continue to look at the proposed cuts and keep the Commission informed on the Mayor's directions. He will provide an update at the next Commission meeting.

**8) OTHER BUSINESS/PUBLIC COMMENTS**

Public Speaker: John O'Brien

The Commission went into Executive Session at 7:30 p.m..

**9) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9 "PENDING LITIGATION," CONSIDERATION OF CLAIM #897-816 AT SAN FRANCISCO GENERAL HOSPITAL IN THE AMOUNT OF $20,000.**

The Commission came out of Executive Session at 7:35 p.m.

Action Taken: The Commission approved the recommended settlement for Claim #897-816 at San Francisco General Hospital and referred the follow-up to this to the Joint Conference Committee at San Francisco General Hospital.

The meeting was adjourned at 7:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments (4)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 6-92

## RESOLUTION ON LAGUNA HONDA HOSPITAL BOND

WHEREAS, Laguna Honda Hospital has provided a valuable healthcare service to the San Francisco community for 125 years; and,

WHEREAS, the existing buildings at Laguna Honda Hospital are well beyond their useful life cycle, and do not meet current seismic and other safety standards; and,

WHEREAS, Laguna Honda Hospital is out of compliance with federal guidelines regarding the maximum number of beds per room and has, therefore, continued to receive reimbursement (currently 83% of operating costs) only through a series of annual waivers which are revocable at any time; and,

WHEREAS, construction of a new Laguna Honda Hospital will have a positive impact on the general fund in that a new facility will be more cost-effective to operate and, therefore, decrease the percentage of general fund contribution; and,

WHEREAS, demographic and utilization data shows a significant increase in the need for long-term care in San Francisco over the next twenty years and the present facilities at Laguna Honda Hospital and other existing long-term care resources cannot accommodate this need, therefore, be it

RESOLVED, that the San Francisco Health Commission accepts the Laguna Honda Hospital Bond Program Report and the recommendations therein contained, and; be it,

FURTHER RESOLVED, that the Health Commission supports general obligation bonds up to the amount of Five Hundred Forty Eight Million, Four Hundred Thousand Dollars ($548,400,000), to be placed on the November 1992 ballot, and recommends to the Mayor and the Board of Supervisors that all necessary action be undertaken to place the appropriate measure on the ballot.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, April 21, 1992.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment A

Recommendation: a Comprehensive Lead Poisoning Prevention Plan

1. San Francisco should undertake county-wide screening of children from 9 months through 5 years as the top priority. All children should have access to and easy availability of screening services, regardless of residence, socioeconomic status, race, or eligibility for the Child Health and Disability Prevention Program.

The Child Health and Disability Program should be utilized to strengthen outreach and the number of children screened. Community-based services should be the linchpin of the screening program.

2. High-risk areas should be identified through community-based screening. This should begin with neighborhoods identified as having the higher numbers of lead poisoned children. Comprehensive primary care and referrals should be included in a community-based screening program.

3. A Parent Education Program should be created, with guidelines on how to reduce lead exposure through such procedures as wet mopping with tri-sodium phosphate.

In addition, an awareness program should include the general community, health care providers, local officials, property owners, day-care providers and educators, business leaders, housing rehabilitation workers and special interest groups.

4. The current DPH Childhood Lead Poisoning Prevention Program should be formalized and centralized with dedicated staffing to ensure timely referral, risk reduction efforts, and follow-up. This should include strengthening of case management of lead poisoned children which is currently understaffed and inefficient.

5. The lack of lead abatement and worker training regulations should be corrected with statewide or local standards. There are currently no lead abatement or training regulations for California or San Francisco.

6. Funding sources for lead abatement, especially for property owners or tenants should be established. A coordinating agency to oversee these activities may be required.

7. In order to monitor the changing picture of childhood lead poisoning, we should continue, and improve, surveillance efforts. This may entail a requirement for the collection of data on all blood lead testing done in the county and on environmental testing done on lead poisoned children's dwellings. With such data, periodic analyses and reports of the childhood lead poisoning status in the county will help

direct resources and guide primary prevention efforts and policy.

8. Interdepartmental planning should continue and involve close coordination between key agencies: Housing Authority, Department of Social Services, San Francisco Unified School District, Recreation and Park Department, with the Department of Health serving as the lead agency.

9. The Department of Public Health application for a CDC grant in collaboration with Alameda County and the California Department of Health Services to provide monies for prevention efforts should be monitored and quickly put into place, should it be awarded.

10. Site testing for playgrounds and other public places where children may be exposed to toxic lead levels should be included as a priority in a lead management plan. A comprehensive abatement policy that addresses City-owned property should be developed.

11. State and local legislation is needed to implement a comprehensive program of lead poisoning prevention, screening, intervention, and abatement. On the local level, Supervisor Shelley is drafting legislation for a comprehensive lead poisoning prevention program. The Department is cooperating in this effort.

12. The Department of Public Health will continue to work cooperatively with the San Francisco Coalition to Prevent Lead Poisoning.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 7-92

## RESOLUTION FOR A COMPREHENSIVE LEAD POISONING PREVENTION PLAN

WHEREAS, a 1991 survey of childhood lead poisoning found that one in twelve children screened is lead poisoned in San Francisco, thereby showing that childhood lead poisoning is a significant public health problem in San Francisco; and,

WHEREAS, existing efforts do not adequately protect children from lead poisoning nor provide adequate programs to intervene for children with toxic levels; and,

WHEREAS, the Department of Public Health has been planning and coordinating with the Housing Authority, the Department of Social Services, the San Francisco Unified School District, and the Recreation and Park Department on ways to address this environmental health problem of children in San Francisco; and,

WHEREAS, Supervisor Kevin F. Shelley is developing legislation on a citywide Comprehensive Lead Poisoning Prevention Plan; now, therefore, be it

RESOLVED, that the Health Commission endorses the Department's role in working with other City departments to develop a citywide Comprehensive Lead Poisoning Prevention Plan, which includes lead poisoning prevention, screening, intervention and abatement; and be it,

FURTHER RESOLVED, that the Health Commission strongly urges the Board of Supervisors and the Mayor to implement a citywide Comprehensive Lead Poisoning Prevention Plan and to identify ongoing sources of funds to support this activity.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, April 21, 1992.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment C

## Summary of Additional DPH 92-93 Budget Reduction Scenarios

| SUMMARY TOTALS<br>By Service Impact Area<br>92-93 Proposed DPH Budget | Scenario One<br>Mayor's additional requested reductions | Scenario Two<br>Mayor's additional requested reductions and additional service cuts to fully fund SB855 | Prop A<br>Mayor's additional requested reductions, no SB855 service expansions and Prop A cuts |
|---|---|---|---|
| DPH Total | $16,407,500 | $16,407,500 | $25,127,500 |
| | | | |
| Innovative new revenue proposals | $1,354,000 | $1,354,000 | $1,354,000 |
| Other revenue proposals | $602,000 | $602,000 | $602,000 |
| Revenue losses from Prop A | $0 | $0 | ($8,720,000) |
| Mandate reductions | $1,900,000 | $1,900,000 | $1,900,000 |
| Administrative/Operating cost | $2,582,000 | $2,582,000 | $2,582,000 |
| New service cuts (SB 855 proposals) | $4,347,000 | $0 | $4,347,000 |
| Service cuts | $5,622,500 | $9,969,500 | $14,342,500 |

Explanation of Budget Scenarios One, Two, and Three

Scenario One: The following SB855 items have been requested by the Mayor's Office to be maintained in the budget: SFGH revenue items, needle exchange, battered women's, drug treatment, forensics, and dental

Scenario Two: Funds all the SB855 proposals detailed in the 92-93 Proposed Budget, cuts services elsewhere in order to reach budget reduction target.

Prop A: Includes service cuts and revenue losses associated with Prop A (in addition to those items identified in Scenario One).

Attachment D

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

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Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary
TEL: (415) 554-2666

# AGENDA

## HEALTH COMMISSION MEETING
**Tuesday, May 5, 1992**
**3:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

**1) CALL TO ORDER**

**2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 21, 1992**

**3) CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Pierre Ludington)

(3.1) C.O. - AIDS - A new contract with Hispanic Headquarters Advertising in the amount of $146,000 for media advertising targeting closeted men of color from the date of Certification to June 30, 1993. (DPH contracted with Hispanic Headquarters Advertising for services totaling $67,078 in FY 1990-91.)

(3.2) C.O. - AIDS - A new contract with Hispanic Headquarters Advertising in the amount of $200,000 for media advertising targeting communities of color from the date of Certification to June 30, 1993.

(3.3) CPHS - Disease Control - Tuberculosis Control - Renewal contract with the University of California, San Francisco in the amount of $115,599 to provide medical services to patients at the Tuberculosis Clinic at SFGH, Ward 94, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with the University of California, San Francisco, for services totaling $5,326,966 in FY 1990-91 exclusive of the affiliation contract.)

(3.4) CPHS - AB75/Health Promotion - First modification to the contract with Chinatown Youth Center in the amount of $36,663 to provide policy related activities around tobacco use prevention activities for the period of June 11, 1992 to November 30, 1992. (DPH contracted with Chinatown Youth Center for services totaling $13,333 in FY 1990-91.)

(3.5) CPHS - AB75/Health Promotion - First modification to the contract with Wu Yee Children's Services in the amount of $32,224 to provide tobacco education and policy related activities for the period of June 11, 1992 to November 30, 1992. (DPH contracted with Wu Yee Children's Services for services totaling $11,718 in FY 1990-91.)

(3.6) CPHS - Refugee Services - First modification to the contract with International Institute, to decrease the contract amount by $93,660, for health services to refugees for the period of October 1, 1991 through September 30, 1992. (DPH contracted with International Institute for services totaling $413,530 in FY 1990-91.)

(3.7) Forensic Services - First modification to the contract with MEDS of Pennsylvania, Inc., in the amount of $20,000 to provide X-Ray services for the period April 7, 1992 through June 30, 1992. (DPH contracted with MEDS of Pennsylvania, Inc. for services totaling $80,000 for FY 1990-91.)

(3.8) DMS - CMHS - Adult Acute - A renewal contract with Mental Health Management I./Marin County S.A.R.T. Program, Inc., dba Canyon Manor in the amount of $2,555,393 to provide subacute locked skilled nursing partial day and 24-Hour services for the period July 1, 1992 through June 30, 1993. (DPH contracted with Mental Health Management I, Inc. for services totaling $1,032,980 for FY 1990-91.)

(3.9) DMS - CMHS - BAOS - A new contract with PSP Information Group, Inc. in the amount of $150,000 to provide support for maintenance, training and State mandated updating of Mental Health and Substance Abuse Management Information and Billing Systems for the period April 15, 1992 through October 14, 1993. (DPH contracted with PSP Information Group, Inc. for services totaling $90,000 for FY 1990-91.)

(3.10) SFGH - MIS - A new contract with Coopers and Lybrand in the amount of $117,467 to provide hospital information systems consulting services to San Francisco General Hospital for the period May 14, 1992 through June 13, 1993.

(3.11) Update on Contracting.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **PRESENTATION OF DEPARTMENT OF PUBLIC HEALTH EMERGENCY MEDICAL SERVICES**

- EMS Agency
- Paramedics
- Base Hospital

6) **UPDATE ON PROPOSED FURTHER BUDGET REDUCTIONS IN THE DEPARTMENT OF PUBLIC HEALTH FOR FY 1992-93**

7) **CONSIDERATION OF A SITE APPROVAL (CONTINUED FROM APRIL 21, 1992) TO RELOCATE CURRENT SERVICES AND NEW DROP-IN SERVICES PROVIDED BY CHEMICAL AWARENESS AND TREATMENT SERVICES, INC. AT 1446 MARKET (entrance on Fell Street)**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

*Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO

**Frank M. Jordan, Mayor**

**Department of Public Health**

Raymond J. Baxter, Ph.D.
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TEL: (415) 554-2666

# MINUTES OF THE HEALTH COMMISSION MEETING

**Tuesday, May 5, 1992**
**3:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

MENTS DEPT.
MAY 15 1992

## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by Vice President Paul Rosenstiel, at 3:10 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.

Absent: Commissioner Patricia R. Underwood, R.N, D.N.Sc.

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 21, 1992

Action Taken: The Commission adopted the minutes of April 21, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Pierre Ludington)

(3.1) C.O. - AIDS - A new contract with Hispanic Headquarters Advertising in the amount of $146,000 for media advertising targeting closeted men of color from the date of Certification to June 30, 1993. (DPH contracted with Hispanic Headquarters Advertising for services totaling $67,078 in FY 1990-91.)

Commissioner Chow commented that the previous evaluation of the contractor and a description of the services to be provided would have been helpful information.

(3.2) C.O. - AIDS - A new contract with Hispanic Headquarters Advertising in the amount of $200,000 for media advertising targeting communities of color from the date of Certification to June 30, 1993.

Commissioner Gray requested a 6-month follow-up to this new contract. Commissioner Ludington requested an explanation on the disparity of the unit costs for the services to be provided.

(3.3) CPHS - Disease Control - Tuberculosis Control - Renewal contract with the University of California, San Francisco in the amount of $115,599 to provide medical services to patients at the Tuberculosis Clinic at SFGH, Ward 94, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with the University of California, San Francisco, for services totaling $5,326,966 in FY 1990-91 exclusive of the affiliation contract.)

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Commissioner Gray requested information on who sets these policies and what procedures are used to set policies.

(3.5) CPHS - AB75/Health Promotion - First modification to the contract with Wu Yee Children's Services in the amount of $32,224 to provide tobacco education and policy related activities for the period of June 11, 1992 to November 30, 1992. (DPH contracted with Wu Yee Children's Services for services totaling $11,718 in FY 1990-91.)

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Commission will receive a copy of the most recent evaluation of this contractor.

(3.7) Forensic Services - First modification to the contract with MEDS of Pennsylvania, Inc., in the amount of $20,000 to provide X-Ray services for the period April 7, 1992 through June 30, 1992. (DPH contracted with MEDS of Pennsylvania, Inc. for services totaling $80,000 for FY 1990-91.)

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Commissioner Ludington requested the contractor's past 3-year progress in complying with affirmative action policies; and when a contractor is out of compliance, a representative should be present at this meeting.

(3.10) SFGH - MIS - A new contract with Coopers and Lybrand in the amount of $117,467 to provide hospital information systems consulting services to San Francisco General Hospital for the period May 14, 1992 through June 13, 1993.

Commissioner Chow requested clarification on the use of SMSA figures and expressed concern on compliance with affirmative action policies.

Commissioner Gray requested the staffing pattern be monitored.

(3.11) Update on Contracting.

Commissioner Ludington complimented the Department of Public Health staff in processing the CARE contracts in a timely fashion. He also requested the Department to consider sending a letter to all contractors explaining the budget's impact on the timeliness of contracts processing for 1992-93.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

**4) DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

CIVIL DEMONSTRATIONS

- DPH Emergency Activities: On Thursday and Friday of last week, several divisions of the Department of Public Health initiated emergency alert activities in response to reports of planned demonstrations in the City following the tragic events in Los Angeles. I reported to the Mayor's Office and was in increased communications throughout the two days and evenings with the EMS Agency, SFGH, and the Paramedic Division. Dr. Larry Meredith monitored activities in Forensic Services.

- Emergency Medical Services Agency: The EMS Agency staffed the Emergency Command Center on Thursday night, April 30, 1992. Throughout the state of emergency, the EMS Agency and Paramedic Division staff worked closely together until the emergency alert was cancelled at 2 a.m. on Sunday, May 3. The total counts for San Francisco hospitals included 6 critical injuries, 89 non-critical injuries, and 0 fatalities.

- Paramedic Division: The Paramedic Division went on tactical alert at 3 p.m. on Thursday and initiated a general recall of off-duty paramedics, support personnel and all available ambulance and support vehicles and organized for resource and deployment needs in response to possible increased medical emergencies. By 6 p.m., 18 ambulances and 5 supervisor units were deployed, with each supervisor unit staffed by two persons to provide back-ups for the ambulances since neither Fire nor Police were able to provide co-response back-up during the emergency. A Division representative was assigned to the SFPD Mobile Command Post to establish effective communications between agencies and telephone links were established with the Fire Department and Office of Emergency Services.

  During the period of tactical alert (between 3 p.m. on 4/30 and 2 a.m. on 5/1), the Paramedic Division responded to 152 calls, a 50% increase in service demand from the same period the previous day. The Division went back to tactical alert again on Friday evening during the same time

period and responded to 158 calls. While the specifics regarding the exact number of incidents directly related to the civil unrest is not available, it is assumed the increased service demand was attributable to the disturbances. The majority of the activity was limited to prehospital settings and there was not a similar increase in the number of patients transported to SFGH or other community hospitals.

One member of the Division received a minor injury during the disturbances on Market Street. Overtime and related costs during the tactical alert for the Paramedic Division are estimated at approximately $18,500.

- San Francisco General Hospital: San Francisco General Hospital reported a total of 11 emergency department visits directly attributable to the demonstrations and disturbances. Of these, 5 patients were admitted to the hospital, 2 in critical care.

- Forensic Medical Services: The Forensic medical staff triaged and screened approximately 666 people between midnight Wednesday, April 30 and midnight Sunday, May 4. Forensic staff triaged and screened 245 arrestees at County Jail No. 1, many of whom required high acuity medical attention and were held over 24 hours. Approximately 421 people were triaged and screened in the basement of the Hall of Justice at the request of the Police Department. The majority of this group were held, cited and released from the basement. The preliminary estimated cost in overtime and additional P-103 hours is $4,520.

- Division of Mental Health: The Children's Division of Mental Health has received calls for assistance from the School District to provide counseling services to youngsters affected by the events of last week. Ms. Stroud will coordinate the services.

BOARD OF SUPERVISORS HEARING/DPH BUDGET

- City Services Committee: Last Tuesday, Supervisor Roberta Achtenberg, chair of the City Services Committee held a public hearing on the effects of an additional $20 million cuts on the Department of Public Health FY 1992/93 budget. The four-hour hearing focused on the policy implications of the proposed cuts on health services in the City. Approximately 50 to 60 people testified against the proposed cuts.

  President Patricia Underwood testified on behalf of the Health Commission in support of the budget submitted to the Mayor's Office. Commissioner Underwood and I both emphasized the fragile infrastructure of the Health Department and its impact on health care in San Francisco.

SAN FRANCISCO GENERAL HOSPITAL

- Women's Cancer Prevention Campaign: The SFGH Women's Cancer Prevention Campaign will focus on the prevention and detection of cancer in African American women in May and June. Screening and education activities will focus on low income African American women 40 years and older who are SFGH patients or who have no identified source of health care. Screening and education activities will also be offered to SFGH employees.

  Activities planned for May and June are modeled after the successful events carried out last October for Latina women. A steering committee

of African American women, including recent SFGH retirees, current employees and community agency representatives has been involved in planning the community focused events. Scheduled events include:

Patient Education & Screening.

- "Stop the Epidemic": A morning of education about breast & cervical cancer in the African American community - May 27 in Carr Auditorium.

- African American Health Day: Screening mammograms, clinical breast exams, and breast self-exam classes will be offered to 60 registered participants - June 13.

Employee Education and Screening.

- Lunch hour education on breast and cervical cancer - May 18 in Carr Auditorium.

- Screening mammographies for 30 preregistered employees - June 12.

This event is the second targeted to special communities. Future programs are planned for Asian women and homeless women.

LAGUNA HONDA HOSPITAL

- Hudman v. Kizer: The Health Care Financing Administration (HCFA) approved California's request for a 2-year waiver from patient's freedom of choice and allows the State to restrict the placement of Medicaid patients to freestanding nursing facilities instead of distinct-part nursing facilities, such as Laguna Honda Hospital. Freestanding facilities are reimbursed at lower rates than distinct-part SNFs. The State's interpretation of the Hudman v. Kizer decision was previously suspended due to Laguna Honda Hospital's challenge of the State's actions (Laguna Honda v. Kizer).

  Although several exclusions to the waiver were included as a result of Mr. Wagner's testimony at the HCFA hearing, the unfavorable impact on SFGH and LHH patients and reimbursements still remains. Mr. Wagner and I are still seeking other approaches to mitigate the Hudman v. Kizer ruling as it affects the two institutions. I will keep the Commission informed of any new developments.

- SNF Admissions: On April 27, admissions to Laguna Honda's general skilled nursing beds was suspended. Limited admissions to the acute rehabilitation, skilled nursing AIDS & Hospice and respite beds will continue. The suspension of admissions to general SNF beds was necessitated by the Proposition A early retirements of 102 LHH employees of which only 65 positions have been approved for refilling. The suspension is expected to continue for the entire month of May while new employees are hired and trained.

COMMUNITY PUBLIC HEALTH SERVICES

- Special Recognition Award: Wally Lim, M.D., District Medical Officer, Health Center #4, has been selected to receive the Special Recognition Award for outstanding service to the University of California, San Francisco as a clinician and teacher by the Association of the Clinical

Faculty of the UCSF School of Medicine. The award will be presented at the Association's annual dinner meeting on Thursday, April 30, 1992 at the St. Francis Hotel.

- Child Health Initiative for Immigrant/Refugee Newcomers: The Department has been awarded a $500,000 R. W. Johnson Foundation grant to serve high risk Hispanic and Chinese immigrant/refugee children and their families for a three year period, starting on July 1, 1992.

  The project is designed to address the following objectives for newcomer children: develop health status data; create a health care financing mechanism; develop outreach and follow-up services for high risk newcomer children from 5 through 10 years of age and their families.

  The proposal was developed through consultation and collaboration with the SFUSD, DSS, Mission Neighborhood Health Center, Northeast Medical Services, and various refugee service organizations.

NATIONAL NURSES DAY/INTERNATIONAL NURSES WEEK

- DPH Activities: In honor of National Nurses Day and International Nurses Week, various activities to recognize and honor DPH nurses have been planned throughout the week.

  - Nursing Staff Annual Dinner on Wednesday, May 6 at San Francisco General Hospital is sold out and promises to be a huge success.

  - The Nursing Department at Laguna Honda presented flowers, pens, and strawberry shortcake to nurses on all wards, all shifts.

  - Community Public Health Services nurses will be honored at a reception at the OMI Pilgrim Community Center on May 8.

  - Each Forensic staff nurse has received a letter of appreciation from Forensic administration.

EMERGENCY SERVICES

- Office of Emergency Services: On April 23, DPH conducted an orientation for John W. Bitoff, Director of the Mayor's Office of Emergency Services on the DPH disaster response plan and operations. The Emergency Medical Services (EMS) Agency is responsible for the the development of a department-wide disaster plan and Dr. Jim Pointer, Director of the EMS Agency, facilitated the orientation.

  Included in the presentation were the roles of the EMS Agency, Paramedic Division, Bureau of Toxics, Mental Health and Substance Abuse, Forensics, Community Public Health Services, San Francisco General Hospital, and Laguna Honda Hospital.

- Emergency Response Meeting: The Department participated in an emergency response meeting at the City's new Emergency Command Center at 1003-A Turk Street on April 28. The meeting was chaired by John Bitoff and Dennis Callahan, Fire Department. This meeting focused on the role of the Operations Section of the Emergency Command Center in a disaster emergency. The Operations Section includes DPH representatives from the EMS Agency, Paramedic Division, and Bureau of Toxics.

The Policy Section of the ECC includes the Director of Health and the Plans Section includes DPH staff from Budget and Planning and the Paramedic Division. The professional staff in the EMS Agency will be cross trained as back-up staff for all roles in the Emergency Command Center.

TOBACCO CONTROL

- Legislation Regulating Smoking: The City Services Committee is considering various legislation proposed by Supervisor Alioto to regulate or prohibit smoking in eating establishments and city buildings as well as prohibit advertising of tobacco products on city-owned property or control. DPH Environmental Health and Tobacco Control staff will testify in favor of the proposed ordinances.

MIA REIMBURSEMENT TEST CLAIM/"POISON PILL" PROVISION

- L.A./San Bernardino Lawsuit: The State realignment of health services included several "poison pill" provisions designed to dismantle the law under certain circumstances. One circumstance is a final appellate decision that the State is obligated to reimburse counties for the cost of providing medical services to medically indigent adults who have been included in Medi-Cal prior to 1983. In the event of such a decision, the poison pill provision states that the law increasing the vehicle license fee (which now funds county health services) would cease on the first day of the month following notice of such a decision to the State Department of Finance.

  In 1987, Los Angeles and San Bernardino counties filed a test claim before the Commission on State Mandates seeking reimbursement for the cost of serving these MIA's. The Commission ruled against the counties, but a Los Angeles trial court overruled the Commission's decision. The State appealed the trial court decision and the case is now pending before the California Court of Appeal.

  Los Angeles and San Bernardino have indicated their intent to seek a stipulated dismissal of the appeal, apparently out of concern that an appellate decision in the counties' favor would trigger the poison pill provision of the realignment law. San Diego County is objecting to the withdrawal of the appeal and has filed a letter with the Court of Appeal, asking the Court to refuse to dismiss the appeal and decide the case or permit San Diego to substitute itself as a party in place of the other counties.

STATE DEPARTMENT OF HEALTH SERVICES

- Deputy Director for Prevention Services: Dr. Molly Coye, Director of the Department of Health Services, has announced the appointment of George W. Rutherford, M.D., as the new Deputy Director for Prevention Services effective March 16, 1992. Dr. Rutherford served as Chief of the Department's Infectious Disease Branch since April 1990. Dr. Rutherford was previously the Director of the SFDPH AIDS Office.

APRIL STATISTICS

- AIDS Statistics (from 7/1/81 to 4/30/92)

| | |
|---|---|
| Total San Francisco cases: | 12,287 |
| Total San Francisco deaths: | 8,871 |
| Total S.F. cases for April: | 168 |
| Total S.F. deaths for April: | 138 |

- Laguna Honda Hospital

| | |
|---|---|
| Average Daily Census: | 1,078 |
| Acute Med/Surg: | 2 |
| Acute Rehab: | 4 |
| Clarendon Hall: | 167 |
| AIDS SNF: | 5 |

- Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: | 78 |
| (13 beds for subacute/med complex care) | |
| Community Acute Psychiatric Beds: | 7 |

All other monthly statistics will be reported on May 19.

**6) UPDATE ON PROPOSED FURTHER BUDGET REDUCTIONS IN THE DEPARTMENT OF PUBLIC HEALTH FOR FY 1992-93**

Dr. Baxter reported that the Mayor's Office has requested the Department of Public of Public Health to prioritize as soon as possible the additional proposed $20 million cut list. Dr. Baxter recommended to the Commission that the prioritizing be consistent with the budget principles previously adopted by the Commission. The principles are:

- Generate revenues.
- Reduce administrative and operating costs.
- Reduce additions to the budget before cutting existing services. This includes funding DPH added in the budget for citywide mandates, SB 855-funded services, and other projected operating cost increases, where possible.
- Reduce services as a last resort. If services must be reduced, do so in a manner that preserves services to poor people with no other access to care, assures equity of access, and assures an appropriate continuum of services. The cuts DPH presented in Scenario Two will be the most damaging cuts to take. These include cutting $1 million from SFGH outpatient services, closing a health center, not replacing federal substance abuse funds, and eliminating additional mental health centers.

Action Taken: The Commission moved to support the Director of Public Health's method of prioritizing the $20 million cut, as outlined in his memo of May 5, 1992 on Budget Update. The Commission reemphasized that the 1992-93 budget approved by the Health Commission had no direct service cuts.

The Department will prioritize the $20 million cuts and will not have to bring them back to the Commission. Vice President Rosenstiel requested Sandy Mori, Secretary to the Health Commission, to request a second appointment with the Mayor and his budget staff about the 1992-93 DPH budget. Commissioner Kaufman thanked Jean Harris of the Mayor's staff for her assistance with the first appointment with the Mayor.

The Mayor's Office has said that they plan to make all budget decisions by May 15.

## 5) PRESENTATION OF DEPARTMENT OF PUBLIC HEALTH EMERGENCY MEDICAL SERVICES

Dr. Jim Pointer, Medical Director of the Emergency Medical Services Agency, provided a comprehensive overview (Attachment A) of the Emergency Medical Services, including the EMS agency (Mark Forret), the Paramedic Division (Dr. Charles Saunders), the SFGH Emergency Department/Base Station (Dr. Steve Hoffman), and the SFGH Trauma Services (Dr. Frank Lewis.)

The EMS System also includes other providers that are necessary to meet the health care needs of the citizens of San Francisco. These providers consist of:

- The San Francisco Fire Department provides first response and early defibrillation for prehospital emergencies.
- The Private ALS Ambulance Providers back up the Paramedic Division with DPH ambulances are unable to respond to emergency calls.
- The Private BLS Ambulance Providers serve additional ambulance needs for San Francisco, including interfacility transfers.
- The Receiving Hospitals and Specialty Care Centers receive patients from the EMS System based on specific emergency care needs (e.g., burns, trauma, reimplantation).

Dr. Pointer stated that May 10-17, 1992 is EMS Week, with the theme of "EMS - It Starts With You". Major accomplishments of the EMS Agency included:

- Implementation of Standards for All Components of the EMS System.
- Disaster Medical Services.
- Fire Department First Responder Program.
- Quality Assurance and Data Management.
- Certification Program.
- EMS Fund Management.
- Research Activities.

The Quality Assurance reports for the EMS Agency included:

- Cardian Arrest.
- Ambulance Diversion.
- Ambulance Response Times.
- Unusual Occurrence Reports.
- Trauma Center Data.
- Hospital Disposition of Ambulance Patients.

Commissioners Ludington, Sanchez and Gray complimented all of the DPH staff on the fine job being done within the EMS System.

Commissioner Chow requested a future follow-up report on the ongoing regional approach with other Counties.

Dr. Baxter stated that it is ironic that with the progress accomplished in areas of response time, the Department has to now look at reducing the Paramedic Division budget. However, he pointed out that a reduction in the Paramedics budget may not necessarily mean decrease in the response time.

( 7) **CONSIDERATION OF A SITE APPROVAL (CONTINUED FROM APRIL 21, 1992) TO RELOCATE CURRENT SERVICES AND NEW DROP-IN SERVICES PROVIDED BY CHEMICAL AWARENESS AND TREATMENT SERVICES, INC. AT 1446 MARKET (entrance on Fell Street)**

Dr. Bob Prentice reported that a positive and constructive process occurred during the past two weeks in developing written mitigation measures. He presented the latest draft of "Conditions to the Site Approval of the Fell Street Center."

Dr. Prentice presented the following as a response to the Commission's concerns raised at the April 21, 1992 meeting:

1. Can the Department, the agency operating the proposed program (Chemical Awareness and Treatment Services) and representatives of the neighborhood develop written mitigation measures that will address concerns raised by neighbors of the proposed site:

   On April 27, representatives of the Department, CATS, the Mayor's Office, CalFox, Bank of America, California State Automobile Association, Herbst Foundation, Louise M. Davies Symphony Hall, Grand Central Sauna and neighborhood residents met for two hours to develop written mitigation measures. Building upon discussions conducted over the previous two weeks, a draft document prepared by the Herbst Foundation was discussed and modified. That document and the list of people who attended the meeting were given to the Commission. This is only a working draft, subject to creation of a Neighborhood Advisory Committee that will review the draft and amend it if necessary into its final form. It does, however, contain the conditions under which several neighbors of the proposed site would be willing to work with the program to make it a contributing part of the neighborhood. Department and agency staff are comfortable with the conditions outlined the document.

2. How many people will be using the facility?

   As affirmed in the draft mitigation document, there will be no more than 50 people in the facility at any point in time. The only exception would be in the event that people are invited into the reception area pending efforts to transport them to another facility rather than have even a small line form. Although no more than 50 people would be in the facility at one time, it is expected that, due to turnover, two to three times as many people might uses the program over a 24-hour period.

3. What other programs are in the vicinity of the proposed site, and where are they located?

   A citywide map that shows the location of substance abuse programs was displayed. The sites include residential treatment, outpatient and detox facilities.

4. What is the position of the Police Department on the proposed program and location?

   Larry Cruz, the Mayor's Homeless Coordinator, is attempting to get a formal statement from Chief Hongisto on behalf of the Police Department, which will

be distributed to the Health Commission as soon as it is received. Dr. Prentice met with Captain Tim Hetrich of the Northern Police Station, who not only supports the program and the location but has also agreed to participate on the Neighborhood Advisory Committee.

Dr. Prentice reported that as of yet, there is no official Police Department position on this site approval; but a District Police Station representative is willing to serve on the Neighborhood Advisory Committee.

Public Speakers:

David Stadtner, Grand Central
John O'Brien
Michael L. Ohleyer, Herbst Foundation
John Cammidge, Bank of America
Elizabeth Hotchkin, California State Automobile Association
Dino DiDonato, South of Market Problem-Solving Council
Judy, Fox Plaza
Robert Meyers, representing Robert Bovet
Jerry Cahilll, Fox Plaza

Commissioner Ludington requested Police Sergeant Bob Barry to address the Commission on public safety issues. Sergeant Barry commented that this type of program is needed; that this geographic area is not a high-crime area; that adequate controls have to be within the site; and that he supports the location of this program.

Commissioner Sanchez proposed several amendments to the proposed draft of Conditions to the Site Approval of the Fell Street Center. After much discussion among Commissioners and comments from Dr. Bob Prentice and Dr. Baxter, the Commission came up with some amendments which reflect accountability, the ability of all parties to follow through on the conditions, and the minimizing of barriers to persons who want and need the service.

Action Taken: The Commission approved the site to relocate current services and new drop-in services provided by Chemical Awareness and Treatment Services, Inc. at 1446 Market (entrance on Fell Street), with the proposed draft Conditions (with amendments) (Attachment B). Any major changes to these conditions will have to come back to the Commission for approval.

**8) OTHER BUSINESS/PUBLIC COMMENTS**

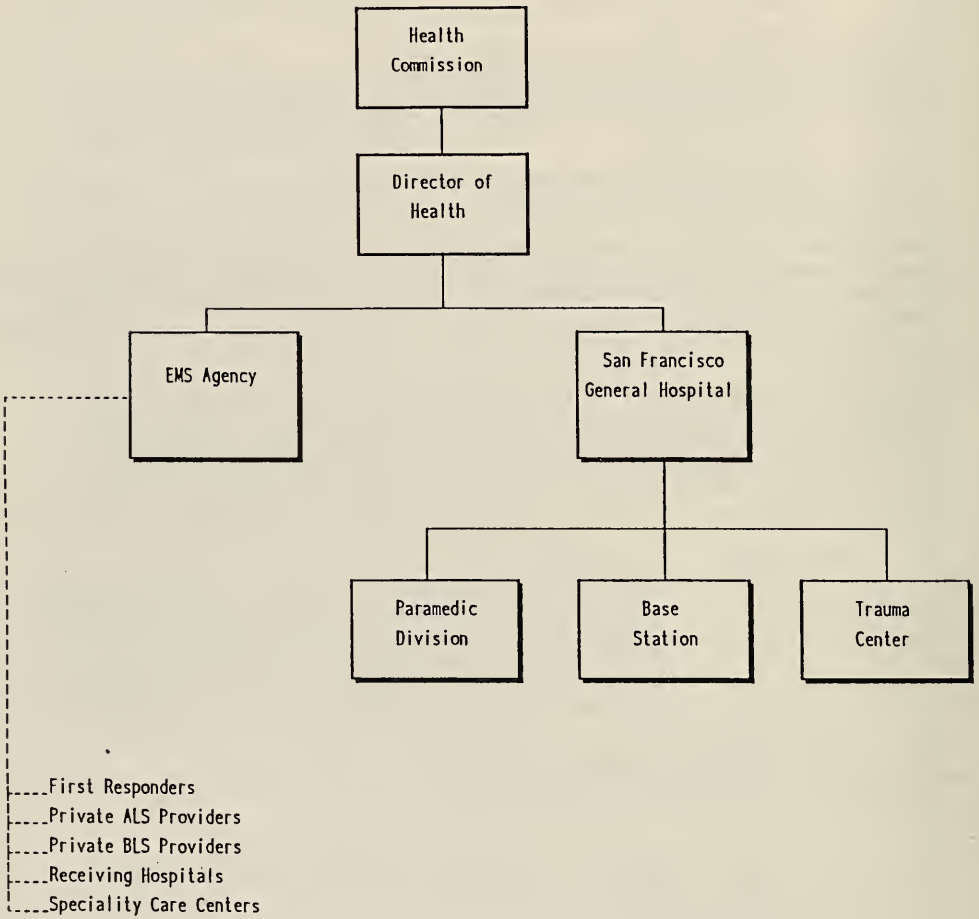
The meeting was adjourned at 6:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachments (2)

# EMERGENCY MEDICAL SERVICES SYSTEM




Attachment A

Underline = changes made by Commission

# CONDITIONS TO THE SITE APPROVAL OF THE FELL STREET CENTER

DRAFT

1. **FACILITY REFERRALS/TRANSPORTATION**

a. CATS shall use its best efforts to transport all discharged clients to other locations to prevent overflow. Van services shall be available for the use of CATS.

b. CATS and the Department of Public Health shall work with the Mayor's office to have existing van services reassigned to transport individuals to other locations at key times (such as when meals are being served at St. Anthony or when shelter beds are available) during each day; and good faith efforts shall be made to provide a van dedicated exclusively to servicing the center.

c. CATS shall make public transportation tokens available for all clients.

d. As a policy, CATS shall use best efforts to have transported clients escorted into the center. CATS will also encourage the police to escort clients they transport into the center.

2. **CONTACT PERSON/NEIGHBORHOOD ADVISORY COMMITTEE (NAC)**

a. The NAC shall be composed of the following neighborhood representatives: three members representing large businesses, three members representing small businesses, and three members representing neighborhood residents. In addition, the NAC membership will include single representation from. the San Francisco Police Department's

Northern Station, the Chemical Awareness and Treatment Services' (CATS) Board of Directors, the San Francisco Department of Public Health, the Homeless Service Provider Coalition, and the Homeless Death Prevention Work Group. The Program Director of the Fell Street Center shall be staff to the NAC and a non-voting member.

b. The NAC shall be formed immediately.

c. The NAC shall be represented on the monitoring team/committee that evaluates the program each year. The monitoring report shall be forwarded to the Health Commission as part of its annual review of the CATS contract and budget. It shall also be provided to each member of the NAC prior to submission to the Health Commission.

d. At any time, the NAC may bring to the attention of CATS its concerns over compliance with these conditions and CATS shall diligently seek to remedy any non-compliance within a reasonable period of time before Health Commission notification.

e. CATS shall provide the NAC with prior written notice of Health Commission annual reviews and any other public meetings affecting the program.

f. CATS shall designate a contact person(s) at the center at all times to take complaints and log them. All complaints in the log and any resolution efforts shall be referred to the NAC for review and/or other suggested resolution with CATS program staff.

3. **LINES/OVERFLOW**

a. The reception area shall be large enough to prevent lines from forming or overflow. As a policy, CATS shall require advance approval of the availability of space within the center prior to the transport of clients.

b. CATS shall require all clients awaiting services at the Center to wait indoors, except during special or emergency situations when persons may need to wait outdoors on the sidewalk adjacent to the center and without interfering with access in public right-of-way.

c. The design plans of the Center shall be shown to the NAC prior to contracting for construction. The NAC may recommend design changes to the reception area to accommodate the conditions herein. Such changes shall be implemented if the cost is reasonable and the ability of the center to meet program needs is not compromised.

d. The Herbst Foundation shall be allowed to examine the design plans of the Center and to suggest and have reasonable changes implemented in connection with the proximity of the center entrance to the Herbst Foundation garage entrance as long as the cost of the changes is reasonable and the ability of the center to meet program needs is not compromised.

e. CATS personnel shall keep the sidewalks on Fell Street and Market Street in a clean, sanitary and safe condition.

4. **PROGRAM CAPACITY**

a. There shall be no more than 50 clients in the facility at any one time except during special or emergency situations when persons may need to wait inside the center to prevent any congregation in front of the center.

b. Under no circumstances shall the facility be used as a shelter.

5. **STREET LIGHTING AND SFPD PATROLS**

a. CATS, the NAC and the Department of Public Health shall work with the Mayor's Office to procure additional street lighting and SFPD patrols along Fell Street.

6. **ENFORCEMENT**

a. The Health Commission shall receive the monitoring report and consider it in its annual review of the CATS contract and budget. The Health Commission may revoke site approval, cancel the program, or replace the operator if it finds serious or repeated violations of the foregoing conditions in the monitoring report. The monitoring report may have appended to it any further reports by the NAC.

b. At any time, the NAC shall have the power to bring to the attention of the Health Commission serious or repeated breaches of the foregoing conditions with a request that the Health Commission cancel the program, revoke site approval, or replace the operator.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
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Pierre R. Ludington
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

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Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

MAY 15 1992

# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, May 19, 1992**
***2:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 5, 1992**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Pierre Ludington)

(3.1) CPHS - Family Health Bureau - Renewal contract with C.A.H.E.E.D. Day Care Center in the amount of $66,000 to provide educational and support services to pregnant and postpartum African-American women and their infants, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with C.A.H.E.E.D. Day Care Center for services totaling $50,000 in FY 91-92.)

(3.2) CPHS - Refugee Services - Request to accept and expend a continuation allocation in the amount of $340,000 from the State Department of Health Services to provide refugee preventive health services for the period of October 1, 1992 to September 30, 1993.

(3.3) C.O. - AIDS - A new contract with Eighteenth Street Services to provide services that were provided in the previous fiscal year in a contract with Bayview Hunter's Point Foundation acting as the fiscal agent for 18th Street Services. The contract is in the amount of $122,901 to provide AIDS prevention information and education through street outreach to gay and bisexual out-of-treatment substance abusers for the period January 1, 1992 through December 31, 1992. (DPH contracted with 18th Street Services with Bayview Hunter's Point as the fiscal intermediary for services totaling $593,331 in FY 90-91.)

* **Please note change of time.**

(3.4) C.O. - AIDS - Sole Source Request with Professional Management Development Corporation in the amount of $3,500,000 for Decentralization and Management of the AIDS Drug Program for the period of July 1, 1992 through June 30, 1993.

(3.5) C.O. - AIDS - A resolution endorsing the Mayor's Human Immunodeficiency Virus (HIV) Health Services Planning Council determination of the allocation of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Funds/Title II and WHEREAS, the Planning Council has determined that the CARE Title II funds be disbursed in the following manner; and approving contracts with:

Case Management/African Americans:
AIDS Indigent Direct Services in the amount of $73,586

Case Management/Latinos:
Community United in Response to AIDS/SIDA in the amount of $73,586

Case Management/Native Americans:
American Indian AIDS Institute in the amount of $33,963

Case Management/Women:
San Francisco AIDS Foundation in the amount of $56,604

Case Management/Asian-Pacific Islanders:
Gay Asian-Pacific Alliance Community HIV Project in the amount of $22,642

Home Care Services:
Visiting Nurses and Hospice of California Pacific Medical Center in the amount of $111,045

Technical Assistance:
The Support Center in the amount of $77,310

(3.6) Various - A continuing resolution pertaining to FY 92-93 renewal contracts, giving authorization to extend the terms of the FY 91-92 contracts listed on an interim month-to-month basis through December 31, 1992 or until the FY 92-93 are certified by the City Controller, whichever comes first; thus avoiding possible financial hardship to the contractors.

COMMUNITY MENTAL HEALTH SERVICES

Arriba Juntos-IAL
Audrey L. Smith Developmental Center, Inc.
Baker Places, Inc.
Bayview Hunter's Point Foundation for Community Improvement, Inc.
California Medivan dba MV Transportation
Catholic Charities of San Francisco
Community Crisis Services of San Francisco
Conard House, Inc.
Continuum: HIV Day Services
Crestwood Hospitals, Inc.
Edgewood Children's Center
Episcopal Community Services
Family Service Agency of San Francisco
Instituto Familiar de la Raza

La Cheim Residential Treatment Centers
Mental Health Management I, Inc.(dba Canyon Manor)
MSC Psychiatric Services Corporation
Northern California Ambulatory Health Services (Children's Hospital of San Francisco)
North of Market Senior Services
Oakes Children's Center
Pacific Mental Health Services, Inc.
Patients' Rights Advocacy Services, Inc.
Progress Foundation
Ramsell Corporation
Recreation Center for the Handicapped, Inc.
Regents of the University of California (Center on Deafness)
Regents of the University of California (Department of Psychiatry at San Francisco General Hospital)
Regents of the University of California (Langley Porter Psychiatric Hospital)
Richmond Area Multi-Services, Inc.
Saint Francis Memorial Hospital
St. Luke's Hospital
St. Mary Pharmacy Management Services
St. Mary Hospital and Medical Center (dba McAuley Neuropsychiatric Institute)
San Francisco Drug Abuse Advisory Board (DAAB/CAAB)
San Francis Mental Health Education Funds, Inc. (MHAB)
San Francisco Suicide Prevention, Inc.
Swords to Plowshares
The County of San Mateo
Volunteer Center of San Francisco
Westside Community Mental Health Center Inc.

COMMUNITY SUBSTANCE ABUSE SERVICES

Asian American Recovery Services, Inc.
Baker Places, Inc.
Bay Area Addiction Research and Treatment, Inc.
Bayview Hunter's Point Foundation for Community Improvement, Inc.
Center for Human Development, Inc.
Center for Juvenile and Criminal Justice, Inc.
Chemical Awareness & Treatment Services, Inc.
Eclectic Communication, Inc.
Forensic Health Care, Inc.
Friendship House Association of American Indians, Inc.
Haight Ashbury Free Clinics, Inc.
Henry Ohlhoff House, Inc.
Horizons Unlimited of San Francisco, Inc.
Mission Council on Alcohol Abuse for the Spanish Speaking, Inc.
Multicultural Training Resource Center, Inc.
National Council on Alcoholism and other Drug Addictions - Bay Area, Inc.
North of Market Senior Services, Inc.
Pacific Mental Health Services, Inc. (Operation Concern)
Regents of the University of California (AIDS Health Project)
Regents of the University of California (PACE Project at Ward 93, San Francisco General Hospital)
St. Vincent de Paul Society, District Council of San Francisco

The Salvation Army, A California Corporation (Salvation Army Harbor Light Center)
San Francisco Pretrial Diversion Project, Inc.
San Francisco Suicide Prevention, Inc.
State of California, Department of Rehabilitation
Walden House, Inc.
Westside Community Mental Health Center, Inc.
Women's Alcoholism Center, Inc.
Women's Institute for Mental Health, Inc.

FORENSIC SERVICES

Haight Ashbury Free Clinics, Inc. (Jail Psychiatric Services)
H.H. Brady, D.D.S.
MEDS of Pennsylvania

COMMUNITY PUBLIC HEALTH SERVICES

Bay Area Communication Access
Bayview Hunter's Point Foundation for Community Improvement, Inc. - Critical Incident Response Team
Caheed Day Care Center
California Children's Home, Inc.
California College of Podiatry
Chronic Fatigue Immune Dysfunction Syndrome Foundation
Haight Ashbury Free Clinics, Inc.
Lyon-Martin Women's Health Services
Mission Neighborhood Health Center
Rose Resnick Transportation Services

AIDS OFFICE - PREVENTION SERVICES

Asian American Health Forum
Bayview Hunter's Point Foundation for Community Improvement, Inc./American Indian AIDS Institute
Bayview Hunter's Point Foundation for Community Improvement, Inc./18th Street Services
California Prostitutes Education Project
Community United Against Violence
Community United in Response to AIDS/SIDA
CPMC/Operation Concern
Genesis Church and Ecumenical Center
Glide Foundation
Hispanic Headquarters
Japanese Community Youth Council
Polaris Research and Development
San Francisco AIDS Foundation
UCSF/AIDS Health Project
Women's Institute for Mental Health

AIDS OFFICE - HEALTH SERVICES

AIDS Benefit Counselors
Black Coalition on AIDS
CPMC/Visiting Nurses & Hospice

Project Open Hand
San Francisco AIDS Foundation
Shanti Project
UCSF/AIDS Health Project
Mission Neighborhood Health Center
National Task Force on AIDS Prevention/EACH

AIDS OFFICE - CENTER FOR POSITIVE CARE

AIDS Indigent Direct Services
Bayview Hunter's Point Foundation for Community Improvement, Inc./American Indian AIDS Institute
Bayview Hunter's Point Foundation for Community Improvement, Inc./18th Street Services
Community United in Response to AIDS/SIDA
Filipino Task Force on AIDS/Gay Asian Pacific Alliance Community HIV Project
Glide Foundation
Haight Ashbury Free Medical Clinic
Planned Parenthood of San Francisco/Alameda
San Francisco AIDS Foundation
UCSF/AIDS Health Project

(3.7) Update on Contracting.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **UPDATE ON PROPOSED FURTHER REDUCTIONS IN THE DEPARTMENT OF PUBLIC HEALTH FOR FY 1992-93**

6) **PRESENTATION OF THE COMMUNITY SERVICES WORK GROUP ON REALIGNMENT**

7) **TIME SPECIFIC: 3:00-5:00 - PUBLIC HEARING ON NATIONAL HEALTH CARE**

- DPH Presentation
- Public Testimony

8) **OTHER BUSINESS/PUBLIC COMMENTS***

9) **EXECUTIVE SESSION:** **AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a) "PENDING LITIGATION" CASE #062-460, THRUWAY CAR RENTAL, INC. VS. CCSF, $24,000.**

**AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION"**

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

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Vice President

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Commissioner

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**PENDING AGENDA***

**HEALTH COMMISSION MEETING**
**Tuesday, June 2, 1992**
**3:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

- Consideration of a Resolution Adopting Principles for National Health Care.

- Consideration of Amendments to SFGH Medical Staff Bylaws.

- Presentation on Forensics.

* **This agenda is only tentative and is subject to change.**

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
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# HEALTH COMMISSION

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## MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, May 19, 1992
2:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 2:02 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

Absent: Commissioner Margel F. Kaufman
Commissioner Richard Sanchez, M.D., M.P.H.

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 5, 1992

Action Taken: The Commission adopted the minutes of May 5, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Pierre Ludington)

(3.1) CPHS - Family Health Bureau - Renewal contract with C.A.H.E.E.D. Day Care Center in the amount of $66,000 to provide educational and support services to pregnant and postpartum African-American women and their infants, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with C.A.H.E.E.D. Day Care Center for services totaling $50,000 in FY 91-92.)

Commissioner Gray pointed out the needs in Sunnydale which have not been addressed.

(3.2) CPHS - Refugee Services - Request to accept and expend a continuation allocation in the amount of $340,000 from the State Department of Health Services to provide refugee preventive health services for the period of October 1, 1992 to September 30, 1993.

Commissioner Chow requested data on TB screening as to who gets screened and what are the program policies on Department of Public Health's obligation to the health status of the immigrant/refugee population.

Commissioner Ludington requested a future agenda item on how the Department will be planning to address the decrease in resources for funding many of the health services within the Department.

(3.3) C.O. - AIDS - A new contract with Eighteenth Street Services to provide services that were provided in the previous fiscal year in a contract with Bayview Hunter's Point Foundation acting as the fiscal agent for 18th Street Services. The contract is in the amount of $122,901 to provide AIDS prevention information and education through street outreach to gay and bisexual out-of-treatment substance abusers for the period January 1, 1992 through December 31, 1992. (DPH contracted with 18th Street Services with Bayview Hunter's Point as the fiscal intermediary for services totaling $593,331 in FY 90-91.)

The new Executive Director of 18th Street Services, Steven Manning, was introduced.

(3.4) C.O. - AIDS - Sole Source Request with Professional Management Development Corporation in the amount of $3,500,000 for Decentralization and Management of the AIDS Drug Program for the period of July 1, 1992 through June 30, 1993.

(3.5) C.O. - AIDS - A resolution (#8-92) endorsing the Mayor's Human Immunodeficiency Virus (HIV) Health Services Planning Council determination of the allocation of Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 Funds/Title II and WHEREAS, the Planning Council has determined that the CARE Title II funds be disbursed in the following manner; and approving contracts with:

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| Case Management/African Americans:<br>AIDS Indigent Direct Services in the amount of | $ 73,586 |
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| Case Management/Women:<br>San Francisco AIDS Foundation in the amount of | $ 56,604 |
| Case Management/Asian-Pacific Islanders:<br>Gay Asian-Pacific Alliance Community HIV Project in the amount of | $ 22,642 |
| Home Care Services:<br>Visiting Nurses and Hospice of California Pacific Medical Center in the amount of | $111,045 |
| Technical Assistance:<br>The Support Center in the amount of | $ 77,310 |

Upon completion, the evaluation for these contractors will be provided to the Commission.

(3.6) Various - A continuing resolution pertaining to FY 92-93 renewal contracts, giving authorization to extend the terms of the FY 91-92 contracts listed on an interim month-to-month basis through December 31, 1992 or until the FY 92-93 are certified by the City Controller, whichever comes first; thus avoiding possible financial hardship to the contractors.

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AIDS OFFICE - HEALTH SERVICES

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Planned Parenthood of San Francisco/Alameda
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UCSF/AIDS Health Project

Commissioner Gray raised the question of contracts coming to the Commission after December 31, 1992. Dr. Meredith reported that he does not foresee this happening this year.

(3.7) Update on Contracting.

This item was continued to the June 2, 1992 agenda of the Budget Committee. Commissioner Ludington will report to his fellow Commissioners about his discussion with Dr. Meredith about improving contracting efficiencies.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

STATE BUDGET

- Realignment: There are a number of issues that were left unresolved last year when the legislature completed negotiations on AB 1491, the realignment cleanup legislation for 1991. One of the major issues that was held for the 1992 session is the correction of "equity" and "growth" of realignment revenues. San Francisco has participated since last fall in a special CSAC (California State Association of Counties) Realignment Task Force, to arrive at consensus recommendations on behalf of the counties. The negotiations have been complicated by the considerable revenue shortfall in the current fiscal year, which will amount to about $200 million.

  After months of intense debate, the counties have developed recommendations and prepared language on a range of realignment issues. San Francisco was successful in having the language protect the "base" allocations for all counties, and provide for restoration of each county's base to the originally projected amount, the value of the realigned programs. Other issues that have been addressed by the group include changes in maintenance of effort requirements for Tobacco Tax, changes in the hard dollar amount of county matching funds and distribution of growth revenues. CSAC's language has been presented to the legislature and to relevant health and social services constituency groups for comment.

  The realignment cleanup language for 1992 will be placed in AB 1351, authorized by Bronzan. CSAC's timeline is to finalize the language and have it heard before the Senate Health and Human Services Committee by June 3rd, with the goal of having it before the Governor by the end of June.

  DPH staff will continue to be closely involved in monitoring and advocating to protect public, indigent, and mental health programs in San Francisco as the negotiations on cleanup continue.

NURSES NEGOTIATIONS

- MOU Agreements: At 3:00 a.m. this morning, negotiations were concluded for a tentative two year agreement with the nurses. While the details cannot be released, pending ratification by the Union and the Board of Supervisors, I wish to thank all parties involved in the negotiations that began on February 6.

AIDS OFFICE

- International AIDS Conference: At this year's International Conference on AIDS in Amsterdam, July 19 - 24, the San Francisco Department of Public Health AIDS Office will present 14 abstracts covering a wide range of research activities.

- Surveillance Branch - oral presentation on HIV infection among female IVDUs in the SF Bay Area and four poster presentations on AIDS surveillance and seroprevalence.

- Prevention Branch - oral presentation on effect of Magic Johnson's HIV diagnosis on HIV antibody testing rates and one poster on SF sex clubs.

- Health Services Branch - information on the establishment of a collaborative early intervention resource center in San Francisco.

- Research Branch - two oral presentation on healthy long-term positive homosexual men and progression of HIV infection and four poster presentations discussing late manifestations of AIDS, cofactors for HIV disease progression, oral manifestations of HIV infection, and utilization of early intervention center for HIV-infected persons.

On August 26, speakers at the Health Department AIDS Grand Rounds will highlight and summarize the most important findings presented at the Amsterdam Conference.

Thirteen DPH staff, 9 from the AIDS Office and 4 from CPHS, have been approved to attend the Conference to present papers. All travel costs are funded through various grants.

- JFK School of Government/Harvard University: Dr. Sandra Hernandez, Director of the AIDS Office and Acting Medical Director for Community Public Health Services has been accepted for the Program for Senior Executives in State and Local Government from June 14 - July 3, 1992. This program is one component of Dr. Hernandez's participation in the Hispanic Health Leadership Program of the National Coalition of Hispanic Health and Human Services Organization.

- Spanish Versions of HIV Prevention Videos: The Department now has two Spanish language HIV prevention videos available for use in educational programs for adolescents, teachers, and parents. Los Adolescentes y el SIDA is a powerful documentary about three young people with HIV infection. The video was inspired by SFDPH health educators involved with the Wedge Project, community members, and people living with HIV. Entre Amigos is a true-to-life story about two teenagers who are grappling with decisions about sex, intimacy, and drugs. They learn that today the ultimate consequence of high-risk behavior can be death from AIDS. These two videos are examples of the Department's commitment to developing quality HIV prevention programs for youth.

SAN FRANCISCO GENERAL HOSPITAL

- Licensing and Certification Committee: Mr. Cordova has appointed a Licensing and Certification Committee, chaired by Phyllis Harding, Associate Administrator, to monitor the hospital's preparation for the Consolidated Accreditation and Licensure Survey (CALS) scheduled for the fall of 1992. The Committee is reviewing each hospital department's compliance with the 1992 JCAHO standards. Detailed reports are presented each month to the Joint Conference Committee.

The week of June 1-5 will be CALS Awareness Week. Activities during the week include mandatory training sessions, disaster training and general work place clean-up.

- Medical Staff Dinner: The Annual Medical Staff Dinner meeting is scheduled for June 1. Dr. Roger Simon, Chief of Neurology, will assume the position of Chief of Staff. I join Mr. Cordova in expressing our strong admiration and appreciation for the outstanding contribution made by Nora Goldschlager, outgoing Chief of Staff. The SFGH/Primary Care linkage made significant achievements due to Dr. Goldschlager's interest and actions. Dr. Goldschlager has been an extremely active participant in not only the medical staff but other management groups as well. Her skills as a teacher and bedside physician, along with her direct style and humor, have built important bridges among the professional staffs. She has been a wonderfully effective advocate for hospital programs.

- Primary Care Appointments: The SFGH Referral Unit keeps track of next available new patient appointments at SFGH and the Primary Care Network. As of May 18, the next available new patient appointment within the DPH primary care clinics is 6 weeks. Th SFGH Family Health Center and District Health Center #3 are currently closed to new patient appointments.

LAGUNA HONDA HOSPITAL

- Special Educational Program: As part of Laguna Honda Hospital's 125th Anniversary free special educational programs, the Nursing Department of Laguna Honda Hospital is sponsoring a special educational program, "Caring for a Dependent Adult at Home" - Part I on Saturday, June 6 in Simon Theater. The program is designed for persons caring for dependent adults at home and participants will receive information that will assist in providing better care for dependent adults in the community. The importance of caregivers learning to maintain or improve their own health will be emphasized.

COMMUNITY PUBLIC HEALTH SERVICE

- Update on Tuberculosis: The number of reported tuberculosis cases continue to be higher than the previous two years. A total of 158 cases have been reported to date in 1992, compared to 126 in 1990 and 130 in 1991 for the same period. This trend is still not large enough nor long enough to predict a true increase but does raise the level of concern.

  The Department has received funds from the CDC for staff to do TB screening of inmates in the jails. Screening efforts are scheduled to begin next week.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Disaster Crisis Team: At the request of the Humboldt County Mental Health Department, four DMS staff provided counseling and outreach services to earthquake disaster victims on May 7 - 10. Linda Wang coordinated the effort and two staff were assigned to Ferndale and two staff assisted residents in Petrolia.

  DMS staff felt they made a genuine contribution to the residents of Humboldt County. Their own training in crisis counseling and experiences following the Loma Prieta earthquake were validated by the kinds of problems and responses they encountered. The team agreed that their contributions would have been more effective over a longer period of time since Humboldt County does not the resources to maintain the continuity of counseling services needed following such a disaster.

Since Humboldt County was declared a federal disaster area, FEMA will reimburse San Francisco for costs.

- Association for Retarded Citizens Award: Ladonnis Elston, Developmental Disabilities Coordinator for the Division of Mental Health and Substance Abuse will receive an award from the San Francisco Association for Retarded Citizens. The award will be presented at a ceremony on May 29 acknowledging Ms. Elston's outstanding service to the developmental disabilities community.

EVALUATION TASK FORCE

- Program Evaluation: I have appointed Mitchell Katz, M.D., Chief, Research Branch, AIDS Office and William McConnell, Ph.D., Director of Planning and Evaluation, Division of Mental Health and Substance Abuse as cochairs of a new Evaluation Task Force to develop priorities and strategies for program evaluation in the Department. I have asked them to explore how existing resources can be focused on program evaluation in addition to the program monitoring and contract compliance procedures already in place. The Task Force will include representatives from all divisions of DPH.

LEAD CONTAMINATION

- Golden Gate Bridge: Recent soil sampling tests indicated that lead levels in the soil underneath the Golden Gate Bridge may be as much as 500 times the level that is considered hazardous in California. In response to mounting public concern and confusion regarding jurisdictional responsibility, I convened a meeting at DPH on May 8 with representatives of the Marin County Health Department, California Department of Health Services, Cal EPA, Golden Gate Bridge District, and the Golden Gate National Recreation Area to discuss the problem, define roles and responsibilities, and agree upon an action plan.

  As a result of the meeting, it was agreed that until follow-up soil sampling results have been received by the Golden Gate Bridge District, children under the age of six should avoid contact with the soil in the area underneath the Bridge and notices to this effect should be posted in the area of concern. Follow-up test results should be available sometime prior to May 22. Once the further sampling results have been received, the Bridge District staff will consult with the state agencies to develop a further action plan to address soil remediation.

ASSOCIATE DIRECTOR OF HEALTH

- Resignation: Dr. Myra Snyder recently announced her resignation from the position of Associate Director of Health. Dr. Snyder will be pursuing new career challenges and opportunities in the healthcare field to utilize her unique experiences in SF city government. Dr. Snyder has been a valued colleague, particularly in her work in coordinating inter-divisional and inter-departmental programs and in formalizing the City's Lead Poisoning Prevention Program. Her counsel and management skills will be missed.

FRIEND OF THE SF HEALTH DEPARTMENT

- Fundraiser: The Friends of the San Francisco Health Department will sponsor an Auction Gala on June 23 at the Fairmont Hotel. Proceeds from the event will go toward the modernization and expansion of the Tom Waddell Clinic.

The Friends of the San Francisco Health Department was organized to support and enhance the activities of the Department of Public Health. The Board of Directors of Friends has been planning the Gala as a major fundraising event for the Department. I encourage support of the auction and raffle.

APRIL STATISTICS

- San Francisco General Hospital

Inpatient

| | | |
|---|---|---|
| Average Daily Census | (except newborns): | 316 |
| Newborn Nursery: | | 20 |
| Actual Patient Days | (except newborns): | 9,808 |
| Newborn Nursery: | | 635 |
| Admissions | (except newborns): | 1,556 |
| Newborn Nursery: | | 152 |
| Average Length of Stay | (except newborns): | 7 |
| Newborn Nursery: | | 4 |
| Discharge Patient Days | (except newborns): | 10,265 |
| Newborn Nursery: | | 621 |
| Discharges | (except newborns): | 1,556 |
| Newborn Nursery: | | 154 |

Outpatient Visits

| | |
|---|---|
| Primary Health | |
| Family Health: | 3,175 |
| General Medicine: | 2,176 |
| Pediatric: | 3,211 |
| OB/GYN: | 2,729 |
| Specialty Clinics: | 10,463 |

Emergency Room Visits

| | |
|---|---|
| Psychiatric Emergency Services: (no diversion) | 422 |

- CPHS - Primary Care Visits for Health Centers

| Health Center | RN Only | MD | Total Visits |
|---|---|---|---|
| Health Center #1 | 2,495 | 1,037 | 3,532 |
| Health Center #2 | 587 | 372 | 959 |
| Health Center #3 | 1,211 | 462 | 1,673 |
| Health Center #4 | 1,222 | 1,117 | 2,339 |
| Health Center #5 | 1,027 | 439 | 1,466 |
| Tom Waddell Clinic | 1,236 | 2,443 | 3,679 |
| Potrero Hill H.C. | 374 | 881 | 1,255 |
| Southeast H.C. | 521 | 1,054 | 1,575 |
| Special Programs for Youth/YGC | 9,307 | 944 | 10,251 |
| TOTAL | 17,980 | 8,749 | 26,729 |

Disease Control

| | |
|---|---|
| TB Clinic | 2,162 |
| City Clinic | 2,171 |

All other April statistics were reported at the previous Health Commission meeting.

## 5) UPDATE ON PROPOSED FURTHER REDUCTIONS IN THE DEPARTMENT OF PUBLIC HEALTH FOR FY 1992-93

Dr. Baxter presented the following:

Last Monday, the Mayor's Office informed the Department about the General Fund cuts DPH should enter in the Mayor's Phase C budget document. These cuts total about $9 million of the $20 million target (on top of the $17 million cut in the budget approved by the Health Commission in March), and are detailed below. The Department understands that these are not necessarily the final proposed cuts, but that they reflect the desire of the Mayor's Office to limit service reductions in the Department of Public Health. As of this morning, the Mayor's Office had not yet finalized the budget.

The General Fund reductions are as follows:

| Amount | Proposal |
|---|---|
| $1,994,000 | New revenues, including a new ward at LHH, and funding equipment through the CAO's revenue bond. |
| $2,582,000 | Administrative and operating cost reductions throughout the Department of Public Health |
| $1,600,000 | Reduction for mandated services including Mission Bay and Hunter's Point oversight, disciplinary arbitration, and VDT ordinance implementation. |
| $ 865,000 | Program reinstatements in the SB 855 package. |
| $1,913,000 | Reductions to proposed increases at SFGH: pharmacy, U.C. increase, paramedics, and infection control. |
| $8,954,800 | |

This package averts the most severe service cuts DPH had identified, and in addition funds the services in the SB 855 package, with the exception of the program reinstatements from the 1991-92 cuts. The Mission Bay and Hunter's Point positions are still under discussion with the Mayor's Office.

To summarize, this package represents a $26 million General Fund reduction, which is 16 percent of our 1991-92 revised General Fund contribution. This General Fund reduction includes a $59.4 million increase in revenues and a $33.4 million increase in expenditures from 1991-92. The increased expenditures include contractor COLA's and other inflationary increases in addition to the SB 855 increases. This increase is far less than what DPH estimated that was needed at the beginning of the budget process and is not without its consequences: it requires an already stressed and overburdened staff to work harder to maintain critical services and achieve revenues and cost efficiencies.

Public Speaker: John O'Brien

## 6) PRESENTATION OF THE COMMUNITY SERVICES WORK GROUP ON REALIGNMENT

Flo Stroud, M.N., M.P.H., Acting Director for DMS, provided an overview of the Realignment planning activities in the Division of Mental Health and Substance Abuse.

## Background Information

AB 1288, the Bronzan-McCorquodale Act, was passed in 1991 in response to the 14 million dollar budget gap at the state level. Responsibility for health, mental health and various social services was shifted from the state to the counties, and was accompanied by new sources of revenue to pay for the services. These included a half cent sales tax increase and increased motor vehicle license fees.

Within mental health, this transfer included all state hospital funds, community services funds, and State administrated funds for IMD's (long term locked, subacute facilities). The legislation sets forth time lines and procedures for the counties to determine the level of service needed for the next fiscal year, and outlines the operating agreement between the counties and the state in a Performance Contract which will include cost/outcome measures. AB 1288 specifies the target populations to be served by the realigned funds as well as guidelines for services, and replaces the previous Short Doyle Mental Health Act.

## Fiscal Impact from Realignment

Prior to realignment, the State Department of Mental Health allocated Short Doyle funds to counties for community-based programs. By contrast, the costs of the State Hospital resources and the IMD's were budgeted and controlled at the State. San Francisco Mental Health budgeted a 15% match requirement for the State Hospital, and the cost of the patched beds at the IMD's. In addition, funding for out of home placement wards of the court, consistent with SB 370 legislation, was totally budgeted at the State level. Realignment moved the community and institutional programs and the corresponding funds to the local counties. The costs for the services which were realigned from the state to San Francisco Mental Health amount to nearly $42 million. They are as follows:

| Services | Amount Transferred |
|---|---|
| Community Services | $15,885,534 |
| State Hospital | 18,562,545 |
| IMD's | 7,236,511 |
| Children's Placement* | 162,645 |
| Total State Resources Transferred | $41,847,235 |

* Children's placement dollars under SB 370 were returned by all counties to the state for FY 1991-92 in order to develop regulations or requirements for mental health services for foster care children.

The Department has initiated a comprehensive planning approach for the three major mental health populations: children and youth, geriatric, and adult. A detailed description of these three areas is available from the Health Commission Office. A Summary of the Strategic Plan Implementation Through Realignment Activities is Attachment A. A Community Service Work Groups for Realignment consisting of 29 persons has been working on planning activities, client assessment, and implementation actions.

Ms. Stroud introduced three people giving perspectives of the Work Groups, Steve Leone (representing Roy Crew, consumer); Bob Okin, client assessment activities; and Jo Ruffin, clinical system changes.

Dr. Okin gave an overview of the L-Facility and Residential Client Surveys and Pilot Project Proposal for Comprehensive Community Based Services for Institutionalized Clients. A copy of this document is available for viewing at the Commission Office.

Because the Commission had a time specific agenda item for 3:00 p.m. and because the Commission feels the Realignment implementation is an important issue, the completion of this presentation was continued to the June 2, 1992 meeting.

**7) TIME SPECIFIC: 3:00-5:00 - PUBLIC HEARING ON NATIONAL HEALTH CARE**

President Underwood stated that the reason the Health Commission is holding this hearing on national health care is 1) to be pro-active on the issue; 2) to provide a public forum for discussion; and 3) to invite experts on health care reform to provide educational information to the Commission and the public. The Commission welcomes the participation of experts in providing input to this discussion.

Dr. Baxter provided the Commission with written materials describing the various proposed models and principles for health care reform. He commented that while the goal of the various proposals may sound similar, they are substantially different. The proposals were developed by interest groups that promote them, and the complicated problems of access to care and financing of the system are very different. Dr. Baxter and President Underwood invited principal figures in the policy debate on health system reform to address the Commission.

These individuals presented testimony, making the following points:

Steve Morin, Ph.D.,
Legislative Assistant for Nancy Pelosi,
Congresswoman for San Francisco

- principles of health care reform need to include cost control, universal access, comprehensive benefits, and freedom of choice.
- provided an overview of the 3 Federal proposals:
  - Market-based reform model (S. 1936 - Chafee).
  - "Pay or Play" health insurance model (S. 1220) - Mitchell).
  - Single-payer plan (H.R. 1300 - Russo).

Larry Gage, President,
National Association of Public Hospitals

- principles of NAPH for a national health plan
  a) universal access
  b) preservation of an institutional safety net
  c) national eligibility, service, and provider payment standards f or the Medicaid program
  d) minimum benefit package covering essential preventive, primary care, and hospital services
  e) insurance reform

f) emphasis on preventive and primary care
g) States be given latitude with new plan (i.e. - ERISA waiver)

Jim Lazarus, Vice President,
San Francisco Chamber of Commerce

- chamber does not support mandated health insurance to businesses
- incremental approaches need to be considered
- look at impact on employment

Ken Grossinger, SEIU 790, Coordinator, Health Policy,
San Francisco Labor Council

- health benefits are #1 strike issue for workers
- supports principles of universal access, cost containment, progressive financing, quality care, flexible payment methods

Patty Blumberg, Access to Health Care Consultant,
California Medical Association

- provides health coverage to employed person
- ABC (Affordable Basic Care) proposal
- funded by employers and employees

Maryann O'Sullivan, Executive Director,
Health Access

- supports principles of universal coverage, comprehensive benefits, progressive financing, economic efficiency, publicly guided allocation of health resources, and accountability to consumer
- SB 308 (Petris) Health Access Plan, a complete, publicly funded health security program

Bernard Lo, M.D., Associate Professor of Medicine,
Director of Medical Ethics Program, UCSF

- described the Oregon rationing proposal
- raises ethical questions of what is funded and what is not funded

Mary Pittman, Dr. P.H., Director and CEO,
California Association of Public Hospitals

- supports principles of universal coverage and access, broad-based benefit package, uniform payment rate, cost containment controlling operating and capital expenses, combination of financing mechanisms, appropriate supply and distribution of health care professionals, and private insurance reform
- Counties to articulate a policy and take pro-active approach at State level

Jane Norbeck, D.N.Sc., Dean, UCSF School of Nursing,
California Nurses Association

- promotes Nursing Agenda for Health Care Reform
- standard package of essential health services to all citizens and residents of U.S.

- delivery of primary health care in community-based settings and are culturally sensitive
- use of cost-effective providers and therapeutic options
- initial emphasis on most vulnerable populations: pregnant women, children, and those with limited access to health systems
- promotes reform of delivery system in the Counties

Betty Lou Treguboff, President,
San Francisco Commission on the Aging

Commission on Aging's proposed principles:

1) comprehensive, with universal coverage and access
2) consolidating payor authority
3) national cost containment measures
4) comprehensive benefit package emphasizing preventive services
5) benefit package to include long term care
6) local control and planning with regional variations
7) training of health care professionals targeting minority populations
8) adequate support for public hospitals providing access to populations with least access
9) financing be distributed by progressive taxation on business and individuals

Hugh Vincent, M.D.,
San Francisco Medical Society

- does not see health care reform enacted during an election year; health care reform has become a political issue
- local influence is limited
- a failing economy leads to people not being able to afford health care

Philip Lee, M.D., Director,
Institute for Health Policy Studies

- need to look at functions and levels of health care
- look at certificate of need
- role of Health Commission important in advocating at State level and influencing this national debate; close coordination needed with State and Federal policy makers
- 3 goals should include access, costs, and quality of care
- issues to consider include racism, culture, language, and geographic areas
- need to develop data for sound policy-making
- re-think the question of governance and an enterprise budget
- Department cannot function with present constraints

Public Speaker: John O'Brien

Howard Levy, Coalition of Agencies Serving the Elderly
(submitted written testimony)

Each Commissioner raised concerns on the following:

a) access, affordability, payment options
b) looking at health care in totality and how local needs are met

c) quality of care
d) long-term care
e) how to achieve cost containment and maintain access to care
f) cannot just serve the employed
g) question of competition
h) consider certificate of need
i) need for society to believe that health care is a right
j) prevention being part of cost containment
k) San Francisco can influence and be a driving force for national health care
l) need to be politically active at State and Federal levels
m) keep in perspective of the role of a public health department whose obligation is to maintain prevention, detection, promotion, and early intervention

President Underwood thanked all of the invited speakers and requested the Department to bring back to the Commission on June 2, 1992 a draft of guiding principles. The Commission will consider adoption of a policy on guiding principles for national health care on June 16, 1992. The intent of a San Francisco Health Commission policy is to help influence health policy at the State and national levels.

**8) OTHER BUSINESS/PUBLIC COMMENTS***

Public Speaker: John O'Brien

The Commission went into Executive Session at 5:50 p.m.

**9) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a) "PENDING LITIGATION" CASE #062-460, TERWAY CAR RENTAL, INC. VS. CCSF, $24,000.**

**AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION".**

The item under "Personnel Exception" was postponed to June 2, 1992.

Action Taken: The Commission approved the Case #062-460, Terway Car Rental, Inc. vs. CCSF for $24,233.52.

The meeting was adjourned at 6:00 p.m.

Sandy Ouye Mori
Secretary to the Health Commission

Attachment A

Summary of Strategic Plan Implementation
Through Realignment Activities

In San Francisco, Realignment presented an added opportunity to continue the analysis of and planning for our system as outlined in the Strategic Plan for Mental Health, Substance Abuse and Forensic Services. The Strategic Plan requires that services be culturally competent, consumer guided and community based and specifies that the severely mentally ill (SMI) are the highest priority clients. In relation to realignment, therefore, we have continued the analysis of and planning for our system according to these three basic principles and focusing on the SMI clients. In fact, the principles and goals of the Strategic Plan are very consistent with the Mission Statement in AB1288:

> "The Mission of California's Mental Health System shall be to enable seriously disabled persons of all ages to access services and programs that assist them in a manner tailored to each individual to manage their illness, to achieve their own personal goals, and to develop skills and supports leading to a constructive and more satisfying life in the least restrictive available setting."

The target population definitions outlined in AB 1288 include the use of the severity and persistence of illness, the existence of certain specific diagnoses, and dependence on public assistance to identify those who would qualify for services because of the seriousness of their illness. This definition is consistent with the Strategic Plan target population definitions which utilize similar characteristics and criteria to identify the highest priority clients. In addition to the basic parallels between our Strategic Plan and Realignment, the funding changes required by Realignment gave us direct control over State Hospital and IMD money so that we could use it as we saw fit.

A number of specific Realignment planning activities and actions have been taken which are instrumental to changing our system of care consistent with the Strategic Plan directions. These items are detailed later in this report and the main ones are outlined below. The majority of this planning work has been for adult services because geriatric services require no basic changes except expansion of resources as outlined and children's services already has a clearly established planning process and system change agenda.

- The Community Services Work Group for Realignment, the main planning group, is broad based and includes staff, providers, consumers, and family members.
- A detailed proposal has been developed for a pilot program to enhance the community services system to accept and effectively serve clients currently in Napa and the IMDs. Concomitantly, plans have been set in motion to significantly reduce our use of Napa and IMD beds.
- The adult service system has been reorganized into four continuous care service teams.
- A Committee for Culturally Competent Systems of Care (CCCSC) has been established that will overview and assist with the development of strategies for enhancing cultural competence within the Mental Health and Substance Abuse systems of care of DMS. The DMS Coordinator for Culturally Competent services chairs the CCCSC and is responsible for a variety of projects that are designed to operationalize the Division's Plans for cultural competence.
- A number of actions have been taken to support increases in the stock of permanent housing available to clients.
- A number of different client assessments have been done to more precisely determine the needs of clients at various levels of care and ascertain the congruence between the Strategic Plan target population priorities and the clients currently in our service system.
- The role of consumers and family members in program reviews has been expanded.
- In FY92-93, case management services will be further augmented.
- Special consideration has been given in our planning to clients who do not meet the criteria for severely mentally ill and, therefore, the services given to them are not Medi-Cal reimbursable. However, these clients are largely minority clients and/or refugees. They are at risk of needing institutional services due to language and cultural isolation and must be considered priority clients for our service system.

Attachment A

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Morl
Secretary

TEL: (415) 554-2666

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## AGENDA

## HEALTH COMMISSION MEETING
Tuesday, June 2, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 19, 1992

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Pierre Ludington)

(3.1) Consideration of a Paramedic Training Agreement.

(3.2) 3rd Quarter DPH Budget Report for FY 1991-92.

(3.3) C.O. - AIDS - Contract renewal with Asian American Recovery Services as fiscal agent for the Asian AIDS Project, in the amount of $82,413 to provide AIDS/HIV prevention/education services to the Asian/Pacific Islander Communities of San Francisco, for the period of January 1, 1992 through December 31, 1992. (DPH contracted with Asian American Recovery Services for services totaling $1,157,316 in FY 91-92.)

(3.4) C.O. - AIDS - Contract renewal with the San Francisco AIDS Foundation, in the amount of $351,711 to provide HIV/AIDS prevention and education services for the period of July 1, 1991 through June 30, 1992. (DPH contracted with San Francisco AIDS Foundation for services totaling $1,099,847 in FY 90-91.)

(3.5) C.O. - AIDS - Request to apply for, accept and expend a new grant in the amount of $99,534 from the Health Resources and Services Administration (HRSA) to fund the Field Test of the Uniform Reporting System Project for the period of June 1, 1992 through May 31, 1993.

(3.6) C.O. - AIDS - Request to accept and expend supplemental funding in the amount of $420,851 from the Centers for Disease Control to fund the HIV Incidence in Homosexual/Bisexual Males Research Project, a new activity of the existing Epidemiologic Study of the Natural History of HIV/AIDS in Homosexual/Bisexual men, for the period of June 1, 1992 through October 31, 1992.

(3.7) C.O. - AIDS - Request to accept and expend an augmentation to a grant in the amount of $39,501 from the Health Resources and Services Administration to augment the CARE/Title I Formula-related service provision for the period of February 1, 1992 through January 31, 1993.

(3.8) C.O. - AIDS - Request to accept and expend a continuing grant allocation in the amount of $682,909 from the California Department of Health Services to continue funding the Ryan White Comprehensive AIDS Resources (CARE/Title II) Disaster Relief Grant for the period of June 1, 1992 through May 31, 1993.

(3.9) CPHS - Tobacco Control - Request to accept an additional State AB99 allocation in the amount of $1,064,657 and to expend a total AB99 state allocation of $2,127,666 to provide tobacco control and perinatal outreach services for the period of January 1, 1992 through June 30, 1994 and to approve the 1992-94 Comprehensive Tobacco Control Plan.

(3.10) CPHS - Special Programs for Youth - Request to accept and expend a continuation grant to Special Programs for Youth in the amount of $90,466 from the Maternal and Child Health Bureau, Health Resources and Services Administration to provide primary health care services to high risk or HIV-infected youth for the period of August 1, 1992 to July 31, 1993.

(3.11) CPHS - Family Health - Perinatal Services - Request to accept and expend a new grant in the amount of $470,769 from the State Department of Health Services, Maternal Child Health Branch to provide perinatal outreach and tobacco control activities for the period of July 1, 1992 to June 30, 1994.

(3.12) CPHS - Family Health - Perinatal Services - Request to accept and expend a continuation grant in the amount of $377,803 from the State Department of Health Services, Maternal Child Health Branch, to provide perinatal and related services for the period of July 1, 1992 to June 30, 1993.

(3.13) CPHS - MIA/Homeless Program - Renewal contract with Central City Hospitality House in the amount of $550,418 entering year two of a 4 year contract, to run the Tenderloin Self-Help Center, an informal drop-in center that provides peer-oriented counseling, self help groups training, advocacy and socialization programs, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Central City Hospitality House for services totaling $556,716 in FY 91-92.)

(3.14) SFGH - Substance Abuse - Request to approve a Resolution in accordance with the provisions of Charter Section 8.300 (Proposition J) concurring with Controller's certification that Security Guard Service can be performed at a lower cost by a private contractor than by City employees for the period of July 1, 1992 through June 30, 1993.

(3.15) Update on Contracting.

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

5) TIME SPECIFIC: 3:30 P.M. - CONTINUATION OF THE PRESENTATION ON THE COMMUNITY SERVICES WORK GROUP ON REALIGNMENT

6) PRESENTATION OF A DRAFT RESOLUTION ADOPTING PRINCIPLES FOR NATIONAL HEALTH CARE

7) PRESENTATION OF FORENSICS

8) OTHER BUSINESS/PUBLIC COMMENTS*

9) EXECUTIVE SESSION: A) PURSUANT TO GOVERNMENT CODE 54956,9(a) "PENDING LITIGATION" IN THE AMOUNT OF $190,000. CITY AND COUNTY OF SAN FRANCISCO VS. STATE OF CALIFORNIA REGARDING MEDI-CAL REIMBURSEMENT, # 892-764;; 900-689; 901-100; 910-062; 911-406; 913-858; 904-334; AND 918-198.

B) PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION".

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

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Director of Public Health

**Sandy Ouye Mori**
Secretary

TEL: (415) 554-2666

## PENDING AGENDA*

**HEALTH COMMISSION MEETING**
**Tuesday, June 16, 1992**
**3:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

- Consideration of a Resolution on Guiding Principles for National Health Care.

- Consideration of Amendments to the San Francisco General Hospital Medical Staff Bylaws.

- Executive Session: Personnel Exception

*** This agenda is only tentative and is subject to change.**

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Secretary

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# MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, June 2, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:04 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Pierre R. Ludington
Commissioner Margel F. Kaufman
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MAY 19, 1992

Action Taken: The Commission adopted the minutes of May 19, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Pierre Ludington)

(3.1) Consideration of a Paramedic Training Agreement.

This item was postponed to the next meeting.

(3.2) 3rd Quarter DPH Budget Report for FY 1991-92.

(3.3) C.O. - AIDS - Contract renewal with Asian American Recovery Services as fiscal agent for the Asian AIDS Project, in the amount of $82,413 to provide AIDS/HIV prevention/education services to the Asian/Pacific Islander Communities of San Francisco, for the period of January 1, 1992 through December 31, 1992. (DPH contracted with Asian American Recovery Services for services totaling $1,157,316 in FY 91-92.)

Commissioner Ludington raised the issue why this program or any other small program is becoming a separate entity when resources are decreasing; and it may be necessary to consolidate and collaborate among the programs.

Commissioner Chow requested a copy of the evaluation procedure to be submitted by the contractor.

(3.4) C.O. - AIDS - Contract renewal with the San Francisco AIDS Foundation, in the amount of $351,711 to provide HIV/AIDS prevention and education services for the period of July 1, 1991 through June 30, 1992. (DPH contracted with San Francisco AIDS Foundation for services totaling $1,099,847 in FY 90-91.)

(3.5) C.O. - AIDS - Request to apply for, accept and expend a new grant in the amount of $99,534 from the Health Resources and Services Administration (HRSA) to fund the Field Test of the Uniform Reporting System Project for the period of June 1, 1992 through May 31, 1993.

Commissioners Chow and Ludington requested information as to how this Uniform Reporting System Project (i.e. - software equipment) can or will be used throughout the Department.

(3.6) C.O. - AIDS - Request to accept and expend supplemental funding in the amount of $420,851 from the Centers for Disease Control to fund the HIV Incidence in Homosexual/Bisexual Males Research Project, a new activity of the existing Epidemiologic Study of the Natural History of HIV/AIDS in Homosexual/Bisexual men, for the period of June 1, 1992 through October 31, 1992.

(3.7) C.O. - AIDS - Request to accept and expend an augmentation to a grant in the amount of $39,501 from the Health Resources and Services Administration to augment the CARE/Title I Formula-related service provision for the period of February 1, 1992 through January 31, 1993.

(3.8) C.O. - AIDS - Request to accept and expend a continuing grant allocation in the amount of $682,909 from the California Department of Health Services to continue funding the Ryan White Comprehensive AIDS Resources (CARE/Title II) Disaster Relief Grant for the period of June 1, 1992 through May 31, 1993.

(3.9) CPHS - Tobacco Control - Request to accept an additional State AB99 allocation in the amount of $1,064,657 and to expend a total AB99 state allocation of $2,127,666 to provide tobacco control and perinatal outreach services for the period of January 1, 1992 through June 30, 1994 and to approve the 1992-94 Comprehensive Tobacco Control Plan.

(3.10) CPHS - Special Programs for Youth - Request to accept and expend a continuation grant to Special Programs for Youth in the amount of $90,466 from the Maternal and Child Health Bureau, Health Resources and Services Administration to provide primary health care services to high risk or HIV-infected youth for the period of August 1, 1992 to July 31, 1993.

(3.11) CPHS - Family Health - Perinatal Services - Request to accept and expend a new grant in the amount of $470,769 from the State Department of Health Services, Maternal Child Health Branch to provide perinatal outreach and tobacco control activities for the period of July 1, 1992 to June 30, 1994.

(3.12) CPHS - Family Health - Perinatal Services - Request to accept and expend a continuation grant in the amount of $377,803 from the State Department of Health Services, Maternal Child Health Branch, to provide perinatal and related services for the period of July 1, 1992 to June 30, 1993.

(3.13) CPHS - MIA/Homeless Program - Renewal contract with Central City Hospitality House in the amount of $550,418 entering year two of a 4 year contract, to run the Tenderloin Self-Help Center, an informal drop-in center that provides peer-oriented counseling, self help groups training, advocacy and socialization programs, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Central City Hospitality House for services totaling $556,716 in FY 91-92.)

Commissioner Chow requested that the next renewal contract for 1993-94 come before the Commission.

(3.14) SFGH - Substance Abuse - Request to approve a Resolution in accordance with the provisions of Charter Section 8.300 (Proposition J) concurring with Controller's certification that Security Guard Service can be performed at a lower cost by a private contractor than by City employees for the period of July 1, 1992 through June 30, 1993.

(3.15) Update on Contracting.

Dr. Larry Meredith reported that he will give a progress report at the next meeting on the 1992-93 contracts schedule.

Commissioner Ludington requested the Department to come up with a mechanism to alert the Commission when and why specific contracts are late in contract negotiations.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.1 Commissioner Rosenstiel abstained from voting on #3.8 due to a conflict of interest.

**4) DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

AIDS OFFICE

- Mayor's Congressional Testimony: Senator Edward Kennedy is holding oversight hearings in Washington this week to review the implementation of Ryan White CARE funds. Mayor Frank Jordan is in Washington D.C. representing San Francisco at these hearings and meeting with key legislators to lobby for full funding of the Ryan White CARE Act.

- Women Health Care Exec. of No. Calif. Scholarship: Lynn Fisher-Ponce, Counseling and Testing Coordinator for the AIDS Office, has been selected as the recipient of a $1000 scholarship awarded by Women Health Care Executives of Northern California. Ms. Fisher-Ponce is attending the University of San Francisco and completing work toward a Masters Degree in Health Administration.

  Women Health Care Executives of Northern California exists to promote the career advancement of women executives in health care, increase the technical and professional knowledge of its membership through education,

provide a forum for communication, networking and support, and promote members and the accomplishments of women executives in health care.

SAN FRANCISCO GENERAL HOSPITAL

- JCAHO Awareness Week: JCAHO preparation is the center of attention for all hospital staff this week with JCAHO Kick-Off activities. Week long activities have been scheduled to encourage managers and staff to update licensure or accreditation requirements. Managers are reminded to complete for final approval: 1) job descriptions for all direct report staff; 2) annual performance evaluations; 3) departmental policies and procedures.

  All employees are reminded to comply with: 1) annual TB skin test; 2) BSP and Health & Safety training; 3) wearing identification badge in patient care areas; 4) knowledge of evacuation plan.

  The week is also set aside for general spring cleanup. Trash carts are available on all floors to make the job easier. The week ends with a courtyard barbeque. The Kick-Off Week bulletin is attached.

- Poison Control Center Legislation: AB 3103 sponsored by Connelly & Speier, to support California's poison centers was passed by the Assembly on May 28. The bill provides a funding mechanism by authorizing a fee on manufacturers who market products which cause poisonings. The fee would work as an incentive for manufacturers to prevent poisonings from their products with the use of safer and preventative packaging, labeling and formulation.

  The bill is now before the Senate and it is anticipated that the legislation will be referred to the Senate Health and Human Services Committee for consideration. The proponents of the legislation are to be congratulated for moving the bill against what appeared to be unsurmountable opposition by the manufacturers.

COMMUNITY PUBLIC HEALTH SERVICES

- Update on Gag Rule: Last week, Judge Charles R. Rickey ruled in the U.S. District Court in the District of Columbia that the Bush Administration violated the Administrative Procedures Act in its attempt to implement the "gag rule" on federally funded family planning clinics. Judge Richey remanded the rules governing whether health care professionals in Title X Clinics can discuss abortion as an option with their clients back to Health and Human Services for further notice and comment.

  While this does not mean that the "gag rule" has totally gone away, it does mean that since HHS based its implementation guidance on the President's memo, they cannot move forward until further litigation reaches a conclusion. The General Counsel for HHS has stated that the agency "has no intention of going the regulation route" which could take 60 to 90 days and will most likely take the case to the U.S. Court of Appeals.

  For now, Title X Clinics will continue "business as usual". Each one of these delays and injunctions keeps the issues in front of Congress and the voters. With this latest ruling, it appears nothing will happen until the Fall. I will continue to give updates on this issue.

- Immunization Fair: DPH is sponsoring an immunization fair for all city children and their parents on Friday, August 28 at Health Center #2, located at the corner of Pierce and Ellis Streets. In addition to school age children requiring immunization updates for school entry in September, parents are encouraged to bring all children who are not fully immunized.

  Underimmunized parents may also receive tetanus boosters and Measles-Mumps-Rubella vaccine. Public health nurses will be available to screen each person for immunization needs and assist families in accessing primary health care.

  The fair will also feature health education booths and festivities across the street at Kimball Park. Co-sponsors of the event are: Health Center #2, WIC Nutrition Program, and the Bureau of Epidemiology and Disease Control.

- Black Infant Health Improvement Project: "Fathers are Special", is the theme of an event sponsored by the Black Infant Health Improvement Project and Task Force on Saturday, June 6 from 11 am to 2 pm at the Visitacion Valley Community Center. Fathers, mothers and other care givers of children up to age 3 are invited to learn about health services, job training and educational opportunities and receive a free photo and frame of their child.

  Similar events were held earlier in the Western Addition and Bayview Hunter's Point to educate the African American community about health care services for their children and to encourage and celebrate parents. The Black Infant Health Improvement Project is sponsored through a Maternal Child Health grant of the Family Health Bureau.

- Health Center #4 Nutrition Program: In March, Catherine Wong, Public Health Nutritionist made presentations on "Healthy Eating" - low fat Chinese cuisine to reduce high blood pressure and lower cholesterol at the Women and Heart Disease Conference sponsored by the American Heart Association and the Senior Health Fair sponsored by Self Help for the Elderly, Health Center #4, On Lok, Commission on Aging, St. Mary's Hospital and Chinese Hospital.

CENTRAL OFFICE

- Bureau of Toxics, Health and Safety Services: As a result of the soil tests that indicated high levels of lead, the Lime Point Trail in Marin County leading to the north tower of the Golden Gate Bridge has been closed and fenced off by the Golden Gate National Recreation Area (GGNRA) officials. The California Department of Toxic Substance Control has also recommended that certain areas near Fort Point in San Francisco be closed until further studies are conducted on the extent of the lead contamination. The most likely source of this contamination is the sandblasting of lead-based paint on the bridge.

- Personnel Office: Mr. Rafael Centeno, DPH Affirmative Action Coordinator, has been appointed to the position of Personnel Officer for all DPH non-hospital divisions as of June 22, 1992. Mr. Centeno's extensive knowledge of personnel operations along with his background of recruiting a diverse workforce for the Health Department make him particularly well qualified for this position. The process to appoint his replacement as Affirmative Action Coordinator will begin shortly.

MAY STATISTICS

- AIDS Statistics (from 7/1/81 to 5/31/92)

| | |
|---|---|
| Total San Francisco cases: | 12,437 |
| Total San Francisco deaths: | 8,986 |
| Total S.F. cases for May: | 161 |
| Total S.F. deaths for May: | 155 |

- Laguna Honda Hospital

| | |
|---|---|
| Average Daily Census: | 1,067 |
| Acute Med/Surg: | 2 |
| Acute Rehab: | 2 |
| Clarendon Hall: | 169 |
| AIDS SNF: | 7 |

- Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: | 72 |
| (14 beds for sub-acute/med complex care) | |
| Community Acute Psychiatric Beds: | 1 |

All other monthly statistics will be reported on June 16.

Dr. Baxter will give an updated report on the 1992-93 budget for DPH at the next Commission meeting. He also reported that on June 17, 1992, the Finance Committee of the Board of Supervisors will review the Department of Public Health budget.

Commissioner Rosenstiel requested Dr. Baxter to point out in his budget update how the 1992-93 budget for DPH reflects the budget principles previously approved by the Commission.

## 5) TIME SPECIFIC: 3:30 P.M. - CONTINUATION OF THE PRESENTATION ON THE COMMUNITY SERVICES WORK GROUP ON REALIGNMENT

From the May 19, 1992 Commission meeting, Flo Stroud, Acting Director of Mental Health and Substance Abuse, continued the presentation on the work group addressing realignment. She introduced Jo Ruffin who is the Realignment Coordinator and is responsible for managing the clinical system of care under realignment. Ms. Ruffin reported:

A number of specific Realignment planning activities and actions have been taken which are instrumental to changing our system of care consistent with the Strategic Plan directions. The main ones are outlined below. The majority of this planning work has been for adult services because geriatric services require no basic change except expansion of resources as outlined and children's services already has a clearly established planning process and system change agenda.

- The Community Services Work Group for Realignment, the main planning group, is broad based and includes staff, providers, consumers, and family members

- A detailed proposal has been developed for a pilot program to enhance the community services system to accept and effectively serve clients currently in Napa and the IMDs. Concomitantly, plans have been set in motion to significantly reduce our use of Napa and IMD beds.

- The adult service system has been reorganized into four continuous care service teams.

- A Committee for Culturally Competent Systems of Care (CCCSC) has been established that will overview and assist with the development of strategies for enhancing cultural competence within the Mental Health and Substance Abuse systems of care of DMS. The DMS Coordinator for Culturally Competent Services chairs the CCCSC and is responsible for a variety of projects that re designed to operationalize the Division's plans for cultural competence.

- A number of actions have been taken to support increases in the stock of permanent housing available to clients.

- A number of different client assessments have been done to more precisely determine the needs of clients at various levels of care and ascertain the congruence between the Strategic Plan target population priorities and the clients currently in our service system.

- The role of consumers and family members in program reviews has been expanded.

- In FY 1992-93, case management services will be further augmented.

- Special consideration has been given in our planning to clients who do not meet the criteria for severely mentally ill, and, therefore, the services given to them are not Medi-Cal reimbursable. However, these clients are largely minority clients and/or refugees. They are at risk of needing institutional services due to language and cultural isolation and must be considered priority clients for our service system.

Public Speaker: Everett Brandon, MHAB Chairman

Ms. Stroud reiterated to the Commission that the philosophy in the Strategic Plan is the basis for program direction.

## 6) PRESENTATION OF A DRAFT RESOLUTION ADOPTING PRINCIPLES FOR NATIONAL HEALTH CARE

President Underwood announced that today the Commission will discuss and give input into the proposed principles; the revised proposed principles will then be circulated to the various DPH advisory groups and health advocates. The Commission will then have a public hearing for consumer input; and at a subsequent meeting, the Commission will consider a resolution on principles for national health care.

Dr. Baxter presented 11 proposed principles to serve as a guide in developing and evaluating policy proposals to reform the current health care system. See Attachment A.

Commissioners' comments were

a) to insert that health care is a right, not a privilege.
b) to contain costs without compromising quality.
c) to include "progressive" financing as a key component.
d) to be employer-based only is not a preference.
d) to maintain quality of care.
f) to include affordability in any reform of current private insurance marketplace.

g) to consider or not consider the concept of rationing.
h) to look at universal coverage with "basic" benefits or a "comprehensive" package.
i) to emphasize health system reform.

Public Speaker: John Ehrlich

## 7) PRESENTATION OF FORENSICS

Larry Meredith, Ph.D., Deputy Director for Operations and interim Director for Forensics, introduced staff members of the Forensics Division and provided an overview of the system of medical, psychiatric, and substance abuse care to over 2,200 members of the county jail system.

Dr. Meredith reported that jail based health care includes three main components:

1) the provision of comprehensive health services, consistent with community standards, to those individuals incarcerated in the County Jail System;

2) the development of linkages with existing community based health and human services so that relevant discharge planning will lead to post-release care and follow-up, thus enabling individuals to become engaged in the appropriate service system; and,

3) in concert with the criminal justice agencies, further develop community based alternatives to incarceration which more directly meet client needs.

Jail services include medical, nursing, dental, pharmacy, psychiatric, social work, medical records, and security wards. Dr. Meredith described the demographics of the jail population, noting that there has been a significant increase in Hispanic monolingual males.

Marilyn Lewis, Director of Rape Treatment Services, presented an overview of a hospital-based comprehensive health care and advocacy center for victims of rape and sexual violence. The Rape Center provides a safe, supportive space for adult survivors of rape and sexual assault to receive medical treatment, psychological support, and legal consultation.

Dr. Meredith reviewed the future challanges in Forensics, which include compliance with the Consent Decree, recruitment and retention, TB and other infectious diseases, the Sheriff's new facility at the Hall of Justice, and a potential jail bond measure to replace San Bruno Jail.

President Underwood thanked the Forensics staff for their hard and committed work with a difficult population.

Public Speaker: Vincent Schiraldi, Center on Juvenile and Criminal Justice.

## 8) OTHER BUSINESS/PUBLIC COMMENTS

None

The Commission went into Executive Session at 5:05 p.m.

9) EXECUTIVE SESSION: A) PURSUANT TO GOVERNMENT CODE 54956,9(a) "PENDING LITIGATION" IN THE AMOUNT OF $190,000. CITY AND COUNTY OF SAN FRANCISCO VS. STATE OF CALIFORNIA REGARDING MEDI-CAL REIMBURSEMENT, # 892-764; 900-689; 901-100; 910-062; 911-406; 913-858; 904-334; AND 918-198.

B) PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION".

The Commission came out of Executive Session at 5:50 p.m.

Action Taken: The Commission approved the settlement of $190,000. City and County of San Francisco vs. State of California Regarding Medi-Cal Reimbursement, # 892-764; 900-689; 901-100; 910-062; 911-406; 913-858; 904-334; and 918-198.

The meeting was adjourned at 5:55 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment (1)

# Proposed Principles for Health System Reform

1. Universal coverage: Health system reform must guarantee universal coverage and access for all people who live in California and in the United States. *While incremental improvements may be necessary*, the goal of any plan must be universal access for all.

2. Role of public health departments: Public health departments provide essential population focused, community health promotion and disease prevention services that are not included as part of individual health care benefits through insurance coverage. Examples of these services include disease control, health education, public health nursing services, and environmental protection services. These services must be recognized and adequately funded in any health system reform plan.

3. Role of public sector providers: Even under the most comprehensive national plan, public sector providers will be essential to any health care delivery system. This is for at least three reasons: First, the public sector must always be ready to respond to health care crises, such as the AIDS epidemic, when the private sector might not respond quickly enough. Second, the public sector must be available to provide services to those who do not have access to other providers. Finally, there will always be individuals who fall through the cracks of any so-called comprehensive plan. SFDPH believes it is absolutely essential to provide access for persons who are not able to receive appropriate health care services in other ways through the preservation of a strong and well-financed institutional safety net.

4. Comprehensive benefits: There must be a guaranteed broad-based benefit package that emphasizes coordinated preventive and primary care services for individuals. Covered services must include disease prevention and health promotion programs. *The plan should also include specified programs currently provided by public health departments, including mental health, family planning, long-term care, and substance abuse services.*

5. Payment mechanism: There must be a uniform payment rate for all patients for comparable services, with the costs of medical education and education for other health professions considered explicitly.

6. Cost containment: Health reform must include a package of cost containment measures to control operating and capital expenses because excess costs ultimately limit access to services. These measures should be based on appropriate regulatory provisions and should cover all components of the health system, without creating barriers to appropriate care. *Appropriate cost controls include evaluations of technology and procedures, resource planning for distribution of capital and medical technology, and global budgeting.*

7. Financing: The health system should be financed through *a combination of progressive financing mechanisms that could include tax incentives, broad-based taxes, premium base approaches and reasonable co-payments.* Any reform strategy should preserve and enhance all additional sources of revenue, including the maximization of federal financial participation.

8. Quality assurance: There must be mechanisms and safeguards to ensure effective and efficient organization of services and high quality care.

9. Development of the health workforce: Comprehensive health system reform must include support for the education and training of health care workers to ensure: (1) adequate financing, (2) appropriate supply and distribution of workers, geographically and across specialties, and (3) appropriate representation of all cultural and ethnic minorities in the health care workforce.

10. Reform of current private insurance marketplace: Any plan that continues to rely on the private insurance market must make the following reforms: (1) reinstatement of community rating, (2) guaranteed issuance and guaranteed renewability, (3) elimination of pre-existing conditions limitation, and (4) fraud control. Reform should also eliminate the duplicative administrative costs of a multi-payor, multi-eligibility system.

11. Ongoing planning and evaluation with consumer communities and providers: To ensure accountability to providers and consumer communities, there must be mechanisms to ensure ongoing planning and evaluation of the system.

Attachment

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

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Pierre R. Ludington
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Richard Sanchez, M.D., M.P.H.
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

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Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

## AGENDA

## + HEALTH COMMISSION MEETING

**Tuesday, June 16, 1992**
**3:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 2, 1992**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Pierre Ludington)

(3.1) Request for approval of 1992-93 Patient Rates for DPH services.

(3.2) Request to approve the San Francisco County Mental Health (DMS) Performance Contract with the State Department of Mental Health for FY 1991-92 in the amount of $4,174,205.

(3.3 CPHS - Special Programs for Youth - Request to accept and expend as a subgrantee a continuation grant in the amount of $244,840 from the Northern California Pediatric AIDS Treatment Center to provide clinical trials and health services to HIV-infected youth for the period of September 1, 1992 to August 31, 1993.

(3.4) C.O. - Toxics, Health & Safety Services - Two contracts with Harding Lawson Associates and Treadwell & Rollo, Inc. for a combined amount not to exceed $100,000 to provide underground storage tank environmental assessments and remediation services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Harding Lawson Associates for services totaling $135,000 in FY 1991-92. Treadwell & Rollo, Inc. hasn't had any prior contracts with DPH.)

(3.5) DMSF - Forensics - Renewal contract with MEDS of Pennsylvania, Inc. in the amount of $77,960 to provide X-Ray services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with MEDS of Pennsylvania, Inc. for services totaling $60,000 in FY 1991-92.)

+ **Note: The regular meeting of the Health Commission for Tuesday, July 7, 1992, has been cancelled.**

(3.6) C.O. - AIDS - Request to accept and expend supplemental grant funding in the amount of $150,000 from the California Department of Health Services to continue funding the AIDS Drug Program for the period of April 1, 1992 through September 30, 1992.

(3.7) C.O. - AIDS - Request to accept and expend a continuation grant in the amount of $2,615,796 from the California Department of Health Services, Office of AIDS to continue supporting the Master Grant Agreement (MGA) funding mechanism for six separate AIDS program components: Alternative Test Sites, Early Intervention, Local Assistance Block, Education and prevention, Pilot Care and Residential AIDS Shelter for the period of July 1, 1992 through June 30, 1993.

(3.8) C.O. - AIDS - Modification to the contract with California Pacific Medical Center/Operation Concern to increase the amount of the contract by $13,167 for State supplemented operating expenses for the period of October 11, 1991 through June 30, 1992. (DPH contracted with CA Pacific Medical Center for services totaling $10,652,716 in FY 1990-91 with the pre-merger organizations of PPMC, Pacific Mental Health Services, and Children's Hospital.)

(3.9) C.O. - AIDS - Modification to the contract with Planned Parenthood/Phreda Project, supported by State funding, to provide HIV/STD prevention information to women in San Francisco, in the amount of $10,990 for the period of December 6, 1991 to June 30, 1992. (DPH contracted with Planned Parenthood for services totaling $ 466,217 in FY 1990-91.)

(3.10) C.O. - AIDS - Renewal contract with California Pacific Medical Center, Visiting Nurses and Hospice of San Francisco, to provide Intermittent Home Care and Hospice services to individuals with AIDS in the amount of $1,387,380 for the period of July 1, 1992 through June 30, 1993. (DPH contracted with CPMC for services totaling $8,751,691 in FY 1991-92.)

(3.11) C.O. - AIDS - Renewal contract with California Pacific Medical Center, Visiting Nurses and Hospice of San Francisco, to provide AIDS skilled nursing, attendant care and homemaker chore services to patients of the MediCal Waiver Program who choose to receive palliative care, in the amount of $460,000 for the period July 1, 1992 through December 31, 1993.

(3.12) Update on Contracting.

(3.13) Request to consider a surplus transfer from DPH personnel services accounts to fund various operating shortages for FY 1991-92 at a total of $492,358.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH 1992-93 BUDGET**

6) **CONSIDERATION OF AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS**

7) **PRESENTATION FROM SAN FRANCISCO GENERAL HOSPITAL ON JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS**

8) OTHER BUSINESS/PUBLIC COMMENTS*

9) EXECUTIVE SESSION: A) PURSUANT TO GOVERNMENT CODE SECTION 54956.9 "PENDING LITIGATION," CONSIDERATION OF SETTLEMENT OF LITIGATION OF HELEN SIMON AGAINST THE CITY AND COUNTY OF SAN FRANCISCO ET AL. SUPERIOR COURT NO. 936-815 FOR $14,000.

B) AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION".

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

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# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

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Raymond J. Baxter, Ph.D.
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TEL: (415) 554-2666

## MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, June 16, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:05 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Pierre R. Ludington
Commissioner Margel F. Kaufman
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

Absent: Commissioner Edward A. Chow, M.D.

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 2, 1992

Action Taken: The Commission adopted the minutes of the regular meeting of June 2, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Pierre Ludington)

(3.1) Request for approval of 1992-93 Patient Rates for DPH services.

Commissioner Ludington pointed out the cost for an individual therapy session as an example of why there is a problem with the cost of health care.

(3.2) Request to approve the San Francisco County Mental Health (DMS) Performance Contract with the State Department of Mental Health for FY 1991-92 in the amount of $4,174,205.

Jeff Jue, new Deputy Director for DMS, reported that this performance contract replaces the Short-Doyle Plan (Parts A & B).

(3.3 CPHS - Special Programs for Youth - Request to accept and expend as a subgrantee a continuation grant in the amount of $244,840 from the Northern California Pediatric AIDS Treatment Center to provide clinical trials and health services to HIV-infected youth for the period of September 1, 1992 to August 31, 1993.

Commissioner Ludington reminded the Department that this program was designed for homeless/runaway youth who are HIV-infected. Commissioner Ludington requested a copy of the consent form used in this program.

(3.4) C.O. - Toxics, Health & Safety Services - Two contracts with Harding Lawson Associates and Treadwell & Rollo, Inc. for a combined amount not to exceed $100,000 to provide underground storage tank environmental assessments and remediation services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Harding Lawson Associates for services totaling $135,000 in FY 1991-92. Treadwell & Rollo, Inc. hasn't had any prior contracts with DPH.)

(3.5) DMSF - Forensics - Renewal contract with MEDS of Pennsylvania, Inc. in the amount of $77,960 to provide X-Ray services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with MEDS of Pennsylvania, Inc. for services totaling $60,000 in FY 1991-92.)

(3.6) C.O. - AIDS - Request to accept and expend supplemental grant funding in the amount of $150,000 from the California Department of Health Services to continue funding the AIDS Drug Program for the period of April 1, 1992 through September 30, 1992.

(3.7) C.O. - AIDS - Request to accept and expend a continuation grant in the amount of $2,615,796 from the California Department of Health Services, Office of AIDS to continue supporting the Master Grant Agreement (MGA) funding mechanism for six separate AIDS program components: Alternative Test Sites, Early Intervention, Local Assistance Block, Education and prevention, Pilot Care and Residential AIDS Shelter for the period of July 1, 1992 through June 30, 1993.

Commissioner Ludington requested detailed information on what "contractual" means.

(3.8) C.O. - AIDS - Modification to the contract with California Pacific Medical Center/Operation Concern to increase the amount of the contract by $13,167 for State supplemented operating expenses for the period of October 11, 1991 through June 30, 1992. (DPH contracted with CA Pacific Medical Center for services totaling $10,652,716 in FY 1990-91 with the pre-merger organizations of PPMC, Pacific Mental Health Services, and Children's Hospital.)

Commissioner Gray commented on the continued lack of compliance of the CPMC Board to the Commission's Affirmative Action policy for Board composition. Mary Powell, Executive Vice President for CPMC, stated that there are two present openings on the Board; but they will not be filled at this time due to the ongoing major reorganization with CPMC.

Commissioner Ludington did not wish to hold up these contracts, but he wants to see a commitment from the CPMC Board for Affirmative Action.

Ms. Powell reassured the Commission that the Board is committed to diversity but is looking at how large the Board should be as a whole.

The Commission requested a response in writing from the Chairperson of the CPMC Board regarding its commitment and timeline to comply with the Commission policy on Board composition.

The Commissioners pointed out that with the large amount of funds allocated to CPMC from DPH, this present situation cannot continue.

(3.9) C.O. - AIDS - Modification to the contract with Planned Parenthood/Phreda Project, supported by State funding, to provide HIV/STD prevention information to women in San Francisco, in the amount of $10,990 for the period of December 6, 1991 to June 30, 1992. (DPH contracted with Planned Parenthood for services totaling $ 466,217 in FY 1990-91.)

(3.10) C.O. - AIDS - Renewal contract with California Pacific Medical Center, Visiting Nurses and Hospice of San Francisco, to provide Intermittent Home Care and Hospice services to individuals with AIDS in the amount of $1,387,380 for the period of July 1, 1992 through June 30, 1993. (DPH contracted with CPMC for services totaling $8,751,691 in FY 1991-92.)

(3.11) C.O. - AIDS - Renewal contract with California Pacific Medical Center, Visiting Nurses and Hospice of San Francisco, to provide AIDS skilled nursing, attendant care and homemaker chore services to patients of the MediCal Waiver Program who choose to receive palliative care, in the amount of $460,000 for the period July 1, 1992 through December 31, 1993.

(3.12) Update on Contracting.

Commissioner Gray expressed the need for the Department to streamline and centralize the contracts process. She feels our present system is too fragmented.

(3.13) Request to consider a surplus transfer from DPH personnel services accounts to fund various operating shortages for FY 1991-92 at a total of $492,358.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with a specific request from the California Pacific Medical Center Board Chairperson (see Item #3.8).

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

STATE BUDGET

- Update on 92-93 Budget: The State general fund deficit has been described by different sources as ranging from between $5.7 billion to $10.7 billion, depending on how it is calculated. There is great disagreement at the state level about how to characterize the deficit, about whether to roll over a portion of the deficit to next year, and how to address the remaining deficit. The leadership remains resistant to raising significant amounts of new revenues, which may result in deep across-the-board cuts in general fund supported programs. Reliable information is very difficult to find.

  However, this Department is seeking out timely information and is working to analyze the largest cuts to health programs, to characterize

the devastating impact of deep cuts and to advocate for aggressive maximization of federal financial participation as an alternative revenue source. The Medi-Cal program is at greatest risk: proposals include cutting the medically needy program, eliminating long-term care as an optional eligibility category; and capping inpatient days at 60 days. It is expected that the state leadership will try to finalize the budget before the end of this month, to preclude the need for the state to issue warrants (or IOUs). DPH staff will continue to be closely involved in monitoring and analyzing the state budget proposals, and advocating in support of the San Francisco Department of Public Health with our delegation and affiliate organizations.

STATE LEGISLATION

- Needle Exchange: The Senate version of the San Francisco-sponsored legislation passed off the Senate floor last week, at a close vote of 21 - 14. The Assembly version of the bill will be heard in its first policy committee this Wednesday, in Senate Health and Human Services Committee. Continued support is critical to get both bills to the Governor's desk.

- Poison Control Center Funding: AB 3103 is scheduled to be heard in the Senate Health and Human Services Committee on June 24th. As one of the proposed state cuts is elimination of all state general fund support for Poison Control Centers, support for this San Francisco Department of Public Health-sponsored bill is even more critical. There remains substantial opposition from Republicans and manufacturers.

PROP A LAWSUIT

- Effects of DPH Early Retirements: A lawsuit was filed against the City, by the San Francisco Neighborhood Legal Assistance Foundation on behalf of an indigent client, challenging the determinations by the Prop A Early Retirement Committee that a number of positions in the Department of Public Health were "not mandated". A hearing on the case is schedule for June 19.

FRIENDS OF HEALTH DEPARTMENT

- Auction Gala: An orientation/training session for over 30 DPH senior staff volunteers was held last evening at Ann Eliaser's home for the Friends of DPH Auction at the Fairmont Hotel Grand Ballroom on Tuesday, June 23 at 6 pm. I want to acknowledge the Friends, especially Ann Eliaser, who have given so graciously of their time and resources to make this a gala fundraising event to benefit the renovation of the Tom Waddell Clinic.

DPH ADMINISTRATION

- Violence as a Public Health Issue: Recent national news stories have identified homicide as the leading cause of death among young African American males in the U.S. In the wake of the Rodney King verdict, the Executive Staff identified a series of issues, including the role of violence in injuries and deaths among San Franciscans, for further investigation.

  In the period 1986 through 1990, in San Francisco, 48.8% of 82 African American males deaths, age 15-24, were the result of a homicide. In the same period, the leading causes of death for 132 White males, age 15-24, was unintentional injury - 39.4% (including motor vehicle and drug related), and suicides - 17.4%.

The discussions will continue in order to address these public health issues and develop local public health intervention strategies and recommendations for the prevention of injuries and death from violence in San Francisco.

A report on the findings and recommendations from the Executive Staff will be presented to the Health Commission in the future.

- Evaluation Task Force: Dr. William McConnell and Dr. Mitchell Katz, co-chairs of the Evaluation Task Force have prepared a draft plan for program evaluation for my review. I will be meeting with them shortly and will then discuss the plan with the Executive Staff before reporting to the Commission.

- Smoke-Free Policy/DPH Facilities: The Department of Public Health is assuming a leadership role in advocating a smoke-free environment for all health care facilities.

  Commencing August 1, 1992, all facilities and offices operated by the Department of Public Health will become totally smoke-free (excepting areas where patient rights considerations prevent us from prohibiting smoking). All others who wish to smoke must step outside DPH operated buildings.

  The Department will offer a free smoking cessation program, through the Employee Assistance Program and the Tobacco Free Project, to the first 40 DPH employees who register. All DPH employees registering for the EAP smoking cessation program will receive release time benefits as an incentive to discontinue smoking.

AIDS OFFICE

- VIII International AIDS Conference: The Department of Public Health is joining with UCSF to host a press briefing on Friday, June 26, 8:30 am to 12 noon at San Francisco General Hospital, Carr Auditorium to preview some of the research that will be presented at the VIII International Conference on AIDS in Amsterdam, July 19 through July 24. Paul Volberding, Director of the AIDS Program at SFGH, and I will introduce the researchers who will give an overview of the major research tracks: basic science, clinical research, epidemiology, and behavioral science. The selected presentations from those giving papers at the conference will include three oral presentations by DPH staff. Fourteen abstracts from Department of Public Health staff will be presented in Amsterdam. Fourteen DPH staff have been approved, through various grants, to attend the Conference to present papers.

- Surveillance Branch: On June 19, a study comparing survival for women and men with AIDS in San Francisco will be released by the Department. The study, to be published in the July issue of the Journal of Infectious Diseases, was a collaborative effort between the Department of Public Health and the University of California at San Francisco. The study team, led by Dr. George Lemp of the AIDS Office, analyzed data for 139 women and 7,045 men who were reported with AIDS in San Francisco between July 1981 and December 31, 1990. The study has a press embargo (imposed by the Journal of Infectious Diseases) of June 19. The results of the study will be reported to the Health Commission.

- Research Branch: The Research Branch is completing its 9th year of AIDS and HIV follow-up studies of gay and bisexual men originally recruited from the San Francisco City Clinic from 1978-80 for studies of hepatitis B infection. This year, articles from the research branch describing the natural history of HIV-infection have appeared or been accepted for publication in the Annals of Internal Medicine, American Journal of Public Health, Journal of Infectious Diseases, Lancet, Journal of Acquired Immune Deficiency Syndrome, and AIDS. In addition, two new research projects have been undertaken: A study of access to health care for HIV-infected persons and a study of quality of HIV-related care in San Francisco.

- Prevention Branch: Activities underway in the Prevention Branch include:
1) design, implementation and analysis of a behavioral survey of lesbian and bisexual women's health issues. Survey interviewers will recruit lesbian and bisexual women from various access points to participate in an interviewer-administered confidential survey which will assess a range of health issues including HIV/STD risk behaviors;
2) youth street and community outreach program evaluation of street outreach interventions targeting high risk youth, primary homeless and runaway youth;
3) implementation of a model youth peer education program, in conjunction with the STD City Clinic, designed to educate youth about HIV and STD risk behaviors and prevention; and
4) early intervention linkages project involving the establishment of formalized linkages between counseling and testing and primary care providers, and the development of a centralized appointment system and resource inventory for use by these providers.

SAN FRANCISCO GENERAL HOSPITAL

- #1 AIDS Care Hospital: For the second year, San Francisco General Hospital has been named as the nation's leading hospital in AIDS care by the US News & World Report in its June 15, 1992 issue in a reputational survey of leading physicians. 61% of the doctors in the specialty ranked SFGH as #1.

  In order to make the rankings more objective, this year's survey also asked doctors to indicate the relative importance of various attributes of good care. These ranged from the quality of the medical staff and the availability of state-of-the art technology to competent discharge planning and the degree of emotional support for patients and their families. The selection recognizes the full range of services and the contributions of all SFGH staff in providing outstanding patient care services.

- Radioisotopes Incident: On June 2, a container with four test tubes holding weak isotopes was accidentally covered with a glove and left on the lower tray of a gurney that was moved to the Emergency Department where a nurse discovered the container. Dr. Robert Lull, Chief of Nuclear Medicine monitored the Emergency Department area, equipment and staff members for exposure. There were no contaminations and any exposures to patients or staff were relatively minuscule. According to Dr. Lull, exposure equivalent to a chest x-ray would result from sitting next to the vials for 100 hours. Dr. Lull also reported the incident to the State Office of Radiation Safety and an inspector confirmed that the

problem had been adequately handled and any doses of exposure were very low. Quality assurance measures will be reviewed to avoid similar incidents.

- NAPH Fellowship: The National Association of Public Hospital's Management Fellowship Program provides advanced management education to selected senior administrators in public hospitals. Jerry Rankin has been selected as the San Francisco Department of Public Health fellow this year. Susan Ehrlich, the DPH Budget and Planning Director, was the previous year's recipient of this honor.

  NAPH established this program to strengthen the commitment to public hospital administration of a very key group - those individuals who will lead these hospitals in the future. The ability to meet and network with others in the public hospital field has enhanced the bond that holds pubic hospitals together.

- Critical Care Diversion: Critical care diversion continues to stabilize at levels noted at this time last year.

  For the month of April, Kaiser Permanente (5% - 2%), St. Francis (4% - 1%), and St. Mary's (6% - 0%) all had minor decreases in critical care diversion. Critical care for UCSF remained high at 23% for a second month, SFGH had a minor increase (10% - 11%).

  For May, California Pacific Medical Center (Pacific Campus) reported a slight increase in critical care diversion (2% - 9%). Two hospitals reported very significant decreases, UCSF (23% - 3%) and SFGH (11% - 2%) for a systemwide average critical care diversion of 2%.

- Update on DPH Pharmaceutical Task Force: Last September, I appointed a department-wide Pharmaceutical Task Force, chaired by Dr. Stuart Heard, Director of SFGH Pharmacy Services, to serve as a clearinghouse for departmental pharmaceutical issues and the decentralization of medication access throughout the department to relieve pressures at San Francisco General Hospital. To date, the Task Force has accomplished the following:

  Group Purchasing: A contract was implemented in January with Health Services Purchasing Group (HSPG) and various divisions of DPH will access this contract as current commitments expire. An analysis is underway and it is expected that DPH will experience a substantial cost avoidance.
  Prime Vendor: The contract for group purchasing includes access to prime vendor service from either of two major wholesale drug companies. Some divisions are already benefiting from the pricing, ordering, inventory, multi site delivery advantages of prime vendor services.
  Decentralized Dispensing: The AIDS Office is establishing a contract to decentralize the AIDS Drug Program from SFGH for dispensing through a network of community pharmacies.
  Pharmacist Salaries: SFGH and DPH Management were successful in having Civil Service include a reasonably improved salary structure for pharmacists in the 92-93 salary standardization ordinance to adjust uncompetitive city salaries.

The Pharmaceutical Task Force continues to focus on supporting program needs that continue to exist in each DPH division while looking for systemwide solutions to both pharmaceutical issues and patient care needs. The Task Force has made the following recommendations:

- DPH-wide coordinated decentralized outpatient prescription dispensing system
- Adequate direct pharmacist participation in the primary care network
- Coordinated and standardized pharmacy management and oversight functions

The Executive Staff is currently reviewing the components of the Task Force's recommendations for DPH-wide implementation. I will report back to the Commission on additional activities and achievements of the Pharmaceutical Task Force.

LAGUNA HONDA HOSPITAL

- Facilities Bond: Last week at the Finance Committee of the Board of Supervisors, the bond measure to replace the Laguna Honda Hospital facility was tabled. Mayor Jordan indicated in a letter to the Finance Committee that he had requested the Department of Public Health to defer the bond issue for one year. The Mayor indicated that he has given his absolute commitment to support this bond issue on the ballot for November 1993. Although the tabling of the LHH bond was announced at the beginning of the discussions on various city bonds, 15 speakers remained to support the hospital and the bond measure. Commissioners Gray, Kaufman, and Ludington attended the meeting.

- Healthcare Executives of Northern California: Laguna Honda Hospital will host the monthly meeting of the local chapter of the Healthcare Executives of Northern California on Thursday, June 18. Anthony Wagner will be the featured speaker.

COMMUNITY PUBLIC HEALTH SERVICES

- CPHS Appointment/SE Health Center & Senior Services: As of July 1, Cynthia Selmar, currently Director of Senior Services, will assume the role of Health Center Director at Southeast Health Center. Ms. Selmar brings a tremendous amount of expertise in coordinating community-based services and advocating for the needs of underserved populations. She will continue to play a significant role in planning and policy development for senior services. Health education programs currently in the Office of Senior Services will be integrated into CPHS health promotion activities throughout the primary care network. North of Market Health Center will be administered as an additional primary care center.

- Health Center #4: Nancy Lew, SPHN, is co-chair of the Health Education Unit of the C.L.E.A.N. Council (Chinatown for Litter-free Environment and Neighborhood). The goal of this education unit is to develop a long term educational program for achieving environmental hygiene and sanitation in the Chinatown community. Ms. Lew represented Health Center #4 in Broom Brigade Day jointly sponsored by the Council and Mayor Jordan's Neighbors for Neighborhoods Program on Saturday, May 30. Over 400 people participated in this massive Chinatown clean up of the streets bound by California, Powell, Vallejo and Kearny Streets.

- China Workshop: Catherine Wong, Public Health Nutritionist at Health Center #4 has been invited to teach a three week workshop on community nutrition in Hang Chou, China from June 18 to June 26. The workshop is sponsored by the Food and Agriculture Organization of the United Nations in collaboration with the Chinese Academy of Preventive Medicine, Institute of Nutrition and Food Hygiene. Participants will include university professors, medical school teachers, health department directors, and other health providers representing different regions in China.

- Health Fair: The Southeast Health Center is hosting a Family Fair on Saturday, June 13 from 11 am to 3 pm. The Fair, "To Be Black and Healthy", will highlight the services provided by Southeast Health Center to the Bayview Hunter's Point community. Fair participants will receive health care screening and information. There will be food and entertainment for both adults and children. This event is sponsored by the Department of Public Health's Southeast Health Center and the Bayview Hunter's Point Foundation through a grant from the CDC.

BUREAU OF TOXICS, HEALTH AND SAFETY SERVICES

- Safe Needle Disposal Program: The San Francisco Safe Needle Disposal Program has received the commitments and funding necessary for the continuation of the program through July 1, 1993. This program was established to educate city residents and provide a safe, free, and convenient method to dispose of syringes and lancets generated in the home. The program is a joint effort by DPH, Office of the CAO, Walgreen's Pharmacies, American Diabetic Association, SF Chapter of the American Association of Diabetes Educators, Becton Dickinson, SAGE Products, BFI, American Environmental Management Corporation, Integrated Environmental Services, and NORCAL.

MAY STATISTICS

- San Francisco General Hospital

Inpatient

| | | |
|---|---|---|
| Average Daily Census | (except newborns): | 309 |
| Newborn Nursery: | | 18 |
| Actual Patient Days | (except newborns): | 9,586 |
| Newborn Nursery: | | 560 |
| Admissions | (except newborns): | 1,456 |
| Newborn Nursery: | | 159 |
| Average Length of Stay | (except newborns): | 6 |
| Newborn Nursery: | | 4 |
| Discharge Patient Days | (except newborns): | 8,826 |
| Newborn Nursery: | | 570 |
| Discharges | (except newborns): | 1,485 |
| Newborn Nursery: | | 164 |

Outpatient Visits

| | |
|---|---|
| Primary Health | |
| Family Health: | 2,824 |
| General Medicine: | 2,000 |
| Pediatric: | 2,844 |
| OB/GYN: | 2,423 |
| Specialty Clinics: | 9,012 |

Emergency Room Visits

| | |
|---|---|
| Psychiatric Emergency Services: (no diversion) | 379 |

- CPHS - Primary Care Visits for Health Centers

| Health Center | RN Only | MD | Total Visits |
|---|---|---|---|
| Health Center #1 | 2,058 | 905 | 2,963 |
| Health Center #2 | 575 | 298 | 873 |
| Health Center #3 | 1,080 | 331 | 1,411 |
| Health Center #4 | 1,013 | 916 | 1,929 |
| Health Center #5 | 900 | 430 | 1,330 |
| Tom Waddell Clinic | 1,242 | 2,280 | 3,522 |
| Potrero Hill H.C. | 342 | 608 | 950 |
| Southeast H.C. | 505 | 816 | 1,321 |
| Special Programs for Youth/YGC | 10,764 | 874 | 11,638 |
| TOTAL: | 18,479 | 7,458 | 25,937 |

| Disease Control | |
|---|---|
| TB Clinic | 2,340 |
| City Clinic | 1,948 |

All other monthly statistics for May were reported at the previous Health Commission meeting.

Dr. Baxter attached the quarterly Quality Assurance Reports for the Emergency Medical Services Agency for the period January - March 1992. These reports will be provided regularly.

President Underwood announced that the regular Health Commission meeting for July 7, 1992 has been cancelled.

She also announced that the revised Draft Principles for Health System Reform is being given to the many DPH advisory groups, the regular mailing list of the Commission, and a list of health advocates. The Commission will have a future public hearing on the draft principles. Anyone wishing a copy of the revised principles can obtain one from the Commission Office (554-2666).

## 5) UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH 1992-93 BUDGET

Dr. Baxter presented an update (see Attachment A), giving a historical perspective since the Commission submitted the DPH 1992-93 budget to the Mayor's Office.

Commissioners expressed the following concerns on the present status of the DPH budget:

- surprised that service cuts in fact will occur.
- if service cuts will result from these cuts, that fact should be brought out publicly.
- the budget cuts in DPH are a disproportionate share (27%) of the 1991-92 revised budget.
- in the total City's budget, is health a high priority?
- judgment on the DPH cuts was questioned.
- why are new programs being funded when there are not enough funds for ongoing programs?

- need to preserve the integrity of the Health Department.
- perhaps the issue of raising more taxes should be considered.
- SFGH received a minimal amount of the SB 855 funds for disproportionate share hospitals.

Representatives of the Mayor's Office, Jean Mariani and Jean Harris, addressed the Commission pointing out frankly that the City ran out of money and further cuts had to be made; that they had to have a balanced budget; that this is not a perfect budget; that health is a priority for the Mayor; and that they are still looking for funds to minimize the DPH cuts. Ms. Mariani also expressed criticism of the Department's treatment towards her.

Public Speaker: John Ehrlich

In behalf of the Commission, President Underwood concurred with Mr. Ehrlich's statement of support for Dr. Baxter. President Underwood also concurred that the Department was unfairly criticized today by one of the Mayor's representatives.

The Department goes before the Finance Committee of the Board of Supervisors on Wednesday, June 17, 1992 and will respond to the Budget Analyst's recommendations.

6) **CONSIDERATION OF AMENDMENTS TO THE SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS**

Richard Cordova, Executive Administrator of SFGH, and Dr. Richard Brown, Chairman of the Bylaws Committee, presented the amendments to the Medical Staff Bylaws which were approved by the medical staff at its annual dinner meeting on June 1, 1992.

Commissioner Sanchez raised the following points:

Page 24: lines 12, 13 and 14 should be omitted: (If the Medical Executive Committee does not ratify the suspension after meeting to consider the matter, the suspension shall automatically terminate upon the conclusion of the meeting).

Page 42: lines 16 through 22 on conflict of interest are too broad and should be more specific. Deputy City Attorney Paula Jesson advised the Commission that the original language (lines 7-14) was too specific and should be broad.

Page 76: in lines 37-38, and Page 77: lines 18-19, the phrase "which approval shall not be withheld unreasonably" should be omitted.

Action Taken: The Commission adopted the amendments to the SFGH Medical Staff Bylaws without the sentence on page 24 (lines 12-14), "If the Medical Executive Committee does not ratify the suspension after meeting to consider the matter, the suspension shall automatically terminate upon the conclusion of the meeting." The other amendment areas pointed out by Commissioner Sanchez will be brought back next year.

Mr. Cordova reported that since the Medical Staff already approved all of the amendments, there is a process for temporarily amending the bylaws by a 2/3's affirmative vote at two successive regular or special meetings of the Executive Committee. Such temporary amendments shall be submitted to the Medical Staff at the next Annual or Special meeting.

7) PRESENTATION FROM SAN FRANCISCO GENERAL HOSPITAL ON JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

Richard Cordova, Executive Administrator of SFGH, and Phyllis Harding, Administrator of SFGH, presented a month-to-month overview of the steps being taken at SFGH in preparation for the JCAHO visit in October 1992. Included in this preparation will be the governing body standards and expectations, such as the organization of the governing body, primary responsibilities of the governing body, and the governing body's role in the community. The Health Commission as the governing body of SFGH will also do a self-evaluation and will have continuing education and orientation.

Another presentation from SFGH will be given in August, prior to the JCAHO visit.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

The Commission went into Executive Session at 4:55 p.m.

9) EXECUTIVE SESSION: A) PURSUANT TO GOVERNMENT CODE SECTION 54956.9 "PENDING LITIGATION," CONSIDERATION OF SETTLEMENT OF LITIGATION OF HELEN SIMON AGAINST THE CITY AND COUNTY OF SAN FRANCISCO ET AL. SUPERIOR COURT NO. 936-815 FOR $14,000.

B) AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION".

The Commission came out of Executive Session at 5:05 p.m.

Action Taken: The Commission approved the settlement of litigation No. 936-815 for $14,0000.

The meeting was adjourned at 5:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment (1)

UPDATE ON THE HEALTH DEPARTMENT'S
1992-93 BUDGET

The budget that the Health Commission submitted to the Mayor's Office reduced the general fund support to the DPH by $17 million in 1992-93, meeting the Mayor's target of a 10% reduction in all general fund departments. This was done by increasing revenue, reducing administration and operating costs. This budget included funding to maintain current services, cover inflation, implement the new programs identified in the Board of Supervisor's SB 855 resolution (e.g. HIV prevention and primary care, drug treatment, needle exchange, TB, women's health) and other critical needs.

Subsequently, the Mayor's Office requested additional general fund reductions. Working with the Mayor's Office, we identified an additional $11 million in administrative cuts, deferral of new services, and reduced estimates of SFGH costs for pharmacy, paramedics, infection control, and the UC contract. This budget would have cut a total of $28 million in general fund. While it compromised our management capacity and suppport services, it maintained existing programs and funded most of the new SB 855 programs on a delayed basis.

The current Phase C budget prepared by the Mayor's Office includes an additional $6.4 million cut in the general fund which will significantly affect our ability to provide services. It will also reduce our ability to generate revenues by an estimated $1.4 million, resulting in a total service reduction of $7.8 million, and a total general fund cut of $34.4 million. Specifically, the budget changed as a result of the following:

- An additional $1.8 million in "special" salary savings which was to be offset by labor give-backs sought by the Mayor's Office. Our understanding is that these give-backs have not materialized.

- A reduction of $1.4 million in capital and facilities maintenance at SFGH.

- $3.2 million in added federal revenues for substance abuse that we are not sure will materialize.

- An additional $1.4 million in revenues that will be lost as a result of some of the expenditure reductions above.

The following details the additional cuts and possible service reductions in each Division. This description does not include any reductions as a result of



Budget and Planning Office 101 Grove Street, Rm 324 San Francisco, CA 94102

the state budget cuts, which we expect will happen within the next two weeks. These cuts will be large and will compound the service reductions detailed below:

- $1 million special salary savings at SFGH--will jeopardize accreditation by reducing 20 housekeeping and other staff. The alternative is to reduce beds, divert ambulances to private hospitals, and lose more revenue.

- $500,000 special salary savings at LHH--will eliminate the planned new ward and lose $400,000 revenue. Resulting service loss as yet undefined.

- $300,000 special salary savings in CPHS will delay or eliminate implementation of SB 855 and other new services. (e.g., HIV primary care; lead)

- $1.3 million SB 855-funded capital projects reductions at SFGH will create a revenue loss of $1 million, and result in reduced pharmacy services, delayed equipment maintenance, and closing outpatient clinics to reduce 6,000 visits.

- If $3.2 million in substance abuse revenues added to the budget do not materialize, we will have to eliminate 527 substance abuse slots, or 1540 people served per year.

With these reductions, the general fund contribution to the DPH for 92-93 would total about $127 million before salary standardization, or a 27 percent reduction from the 91-92 revised budget.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

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# AGENDA

## HEALTH COMMISSION MEETING

**Tuesday, July 21, 1992**
**3:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

**1) CALL TO ORDER**

**2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 16, 1992**

**3) CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Pierre Ludington)

(3.1) Consideration of a resolution to accept retroactively and use a gift of machinery, valued at $16,008, from Ramco Equipment to Laguna Honda Hospital.

(3.2) C.O. - Family Mosaic Project - Request to accept and expend a two year extension grant from the Robert Wood Johnson Foundation in the amount of $475,569 with a matching grant of $1,060,000 from the primary grantee, the State Department of Mental Health, for a total of $1,535,569 for the Family Mosaic Project to provide a system of care for children and youth who are seriously emotionally disturbed, for the period of August 1, 1992 through July 31, 1994.

(3.3) C.O. - AIDS - Request to accept and expend an augmentation to a continuation grant in the amount of $66,547 from the Centers for Disease Control to provide continuation of AIDS Surveillance/Expanded Initiative services, for the period of August 1, 1992 to December 31, 1992.

(3.4) C.O. - AIDS - Renewal contract, supported by funding from the Centers for Disease Control, in the amount of $377,874 with the Urban Health Study, University of California, San Francisco, to provide AIDS prevention and education information to out-of-treatment injection drug users in San Francisco for the period of January 1, 1992 through December 31, 1992. (DPH contracted with the University of California, San Francisco for services totaling $8,568,940 in FY 91-92 exclusive of the affiliation contract.)

(3.5) CPHS - STD Control - Request to accept and expend a continuation grant in the amount of $378,916 from the Centers for Disease Control, and a Sole Source request with Bayview Hunters Point in the amount of $144,302, to provide community based STD clinical care and outreach services, for the period of September 28, 1992 to September 27, 1993. (DPH contracted with Bayview Hunters Point for services totaling $8,322,682 for FY 91-92.)

(3.6) CPHS - STD Control - Request to apply for, accept and expend a continuation grant in the amount of $700,468 from the Centers for Disease Control for the period of September 30, 1992 to September 29, 1993 and a Sole Source request with UCSF Medical School in the amount of $524,484 per year, to provide enhanced HIV counseling for the period of September 30, 1992 to September 29, 1996.

(3.7) CPHS - Bureau of Epidemiology and Disease Control, TB Control - Request to apply for, accept and expend an augmentation to a grant in the amount of $268,923 from the Centers for Disease Control to provide assistance in the reduction and control of tuberculosis for the period of April 1, 1992 to January 31, 1993.

(3.8) DMS - CMHS - Adult Community - A renewal contract with Catholic Charities of San Francisco in the amount of $218,111 per year to provide community outreach and 24-hour services for the period July 1, 1992 through June 30, 1996. (DPH contracted with Catholic Charities of S.F. for services totaling $1,402,269 for FY 91-92.)

(3.9) DMS - CMHS - Adult Community - A renewal contract with Westside Community Mental Health Center, Inc. in the amount of $1,923,527 per year to provide mental health outpatient, adolescent day treatment, case management, outreach, and psychiatric emergency outpatient services for the period July 1, 1992 through June 30, 1995. (DPH contracted with Westside Community Mental Health Center, Inc. for services totaling $2,524,398 for FY 91-92.)

(3.10) DMS - CMHS/CSAS - Residential - A renewal contract with Baker Places, Inc., in the amount of $2,969,293 per year to provide 24-hour residential, day treatment and case management services for the period July 1, 1992 through June 30, 1995. (DPH contracted with Baker Places for services totaling $3,044,424 for FY 91-92.)

(3.11) DMS - CSAS - New multi-year contract with 18th Street Services, Inc. in the amount of $345,862/first year, to provide outpatient substance abuse counseling and prevention/education services to multicultural gay and bisexual men for the term July 1, 1992 through June 30, 1994. (DPH contracted with 18th Street Services with Bayview Hunter's Point as the fiscal intermediary for services totaling $593,331 in FY 90-91.)

(3.12) DMS - CSAS - New multi-year contract with 18th Street Services, Inc. in the amount of $38,827/first six months, to provide outpatient HIV counseling, testing, risk reduction and partner notification services to substance abusing multicultural gay and bisexual men for the term July 1, 1992 through December 31, 1993.

(3.13) (A) - LHH - Request to accept and expend a new grant in the amount of $215,000 from the California State Office of Emergency Services in behalf of the Federal Emergency Management Agency (FEMA), and a match of City capital expenditure funds in the amount of $215,000 to provide construction of an addition to an existing building to house a relocated existing emergency 1.1 megawatt diesel generator for the period of 360 days from starting date (which is acceptance date plus 180 days).

(3.14) (B) - LHH - Request for approval to authorize the Department of Public Works, in behalf of Laguna Honda Hospital, to request authorization from the Board of Supervisors for the Department of Public Works to accept a new grant in the amount of $1,862,000 Hazard Mitigation Grant Program funding through the California State Office of Emergency Services in behalf of the Federal Emergency Management Agency (FEMA), and a match of City Earthquake Safety Project Bond Issue funds in the amount of $1,862,000 to provide seismic retrofitting of Laguna Honda Hospital's boiler plant building for a period of 360 days from starting date (which is acceptance date plus 180 days).

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(3.17) SFGH - Request for approval to authorize the Department of Public Works, in behalf of San Francisco General Hospital, to request authorization from the Board of Supervisors for the Department of Public Works to accept and expend a new grant in the amount of $1,400,000 Hazard Mitigation Grant Program funding through the California State Office of Emergency Services in behalf of the Federal Emergency Management Agency (FEMA), and a match of City Earthquake Safety Project Bond Issue funds in the amount of $1,400,000 to provide retrofit and seismic upgrade of service building, construction of water storage tank, and utility distribution system bracing at San Francisco General Hospital, for a period of 360 days from starting date (which is acceptance date plus 180 days).

(3.18) SFGH - Paramedics - Request to amend Section 19A.10 of the S.F. Administrative Code Ordinance to permit the Department of Public Health to provide training to students of the allied health professions in any accredited program.

(3.19) -Update on Contracting

4) DIRECTOR'S REPORT
(Larry Meredith, Ph.D., for Raymond J. Baxter, Ph.D.)

5) CONSIDERATION OF CHANGES TO CONTRACT POLICIES OF DPH

6) REPORT ON THE HEALTH AND WELL-BEING OF CHILDREN IN SAN FRANCISCO

7) OTHER BUSINESS/PUBLIC COMMENTS*

8) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION"

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

## MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, July 21, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:04 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Naomi Gray, M.S.W., A.C.S.W.
Commissioner Margel F. Kaufman
Commissioner Paul Rosenstiel
Commissioner Richard Sanchez, M.D., M.P.H.
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

Absent: Commissioner Pierre R. Ludington

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JUNE 16, 1992

Action Taken: The Commission adopted the minutes of the regular meeting of June 16, 1992, with the correction that Commissioner Chow was not present.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Edward A. Chow., M.D.)

(3.1) Consideration of a resolution to accept retroactively and use a gift of machinery, valued at $16,008, from Ramco Equipment to Laguna Honda Hospital.

(3.2) C.O. - Family Mosaic Project - Request to accept and expend a two year extension grant from the Robert Wood Johnson Foundation in the amount of $475,569 with a matching grant of $1,060,000 from the primary grantee, the State Department of Mental Health, for a total of $1,535,569 for the Family Mosaic Project to provide a system of care for children and youth who are seriously emotionally disturbed, for the period of August 1, 1992 through July 31, 1994.

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The Board Chairman of Catholic Charities expressed his Board's commitment to increase the number of ethnic minorities on its Board.

(3.9) DMS - CMHS - Adult Community - A renewal contract with Westside Community Mental Health Center, Inc. in the amount of $1,923,527 per year to provide mental health outpatient, adolescent day treatment, case management, outreach, and psychiatric emergency outpatient services for the period July 1, 1992 through June 30, 1995. (DPH contracted with Westside Community Mental Health Center, Inc. for services totaling $2,524,398 for FY 1991-92.)

Commissioner Chow requested that quarterly progress reports on areas of improvement for this contract be referred to the Joint Conference Committee on DMSF.

(3.10) DMS - CMHS/CSAS - Residential - A renewal contract with Baker Places, Inc., in the amount of $2,969,293 per year to provide 24-hour residential, day treatment and case management services for the period July 1, 1992 through June 30, 1995. (DPH contracted with Baker Places for services totaling $3,044,424 for FY 1991-92.)

Monique Zmuda, DMS Operations, reported that this contractor has a master contract, consolidating the mental health and substance abuse

service contracts. She reported that master contracting will be implemented for other agencies. In response to an inquiry from Commissioner Kaufman on the status of a master contract for Suicide Prevention, Ms. Zmuda reported that Suicide Prevention will not have a master contract for its latest renewal.

(3.11) DMS - CSAS - New multiyear contract with 18th Street Services, Inc. in the amount of $345,862/first year, to provide outpatient substance abuse counseling and prevention/education services to multicultural gay and bisexual men for the term July 1, 1992 through June 30, 1994. (DPH contracted with 18th Street Services with Bayview Hunter's Point as the fiscal intermediary for services totaling $593,331 in FY 1990-91.)

Commissioner Chow requested information on whether there is an increase, decrease, or no change in administrative costs. He posed this question in light of decreasing funding resources; and this contract is an example of an additional new agency being funded.

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through the California State Office of Emergency Services in behalf of the Federal Emergency Management Agency (FEMA), and a match of City Earthquake Safety Project Bond Issue funds in the amount of $1,400,000 to provide retrofit and seismic upgrade of service building, construction of water storage tank, and utility distribution system bracing at San Francisco General Hospital, for a period of 360 days from starting date (which is acceptance date plus 180 days).

(3.18) SFGH - Paramedics - Request to amend Section 19A.10 of the S.F. Administrative Code Ordinance to permit the Department of Public Health to provide training to students of the allied health professions in any accredited program.

(3.19) Update on Contracting.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

President Underwood announced the following:

1) The only Commission meeting for the month of August will be on Tuesday, August 11, 1992. No meetings will be held on August 4 and August 18, 1992.

2) As the authorized designee of the Health Commission to approve credentialing of the Medical Staff of San Francisco General Hospital, Dr. Baxter submitted the following credentialing actions during the period July 1991 - May 1992.

| | |
|---|---|
| Appointments to the Active Staff: | 39 |
| Reappointments to the Active Staff: | 107 |
| Appointments to the Courtesy Staff: | 69 |
| Reappointments to the Courtesy Staff: | 210 |
| Appointments to the Affiliated Staff: | 12 |
| Reappointments to the Affiliated Staff: | 46 |

3) Today at 4:00 p.m. in the Board of Supervisors' Chambers, two new Health Commissioners, Rebecca Castaneda, DDS, and Arthur Jackson,will be sworn in by Mayor Jordan. Vice President Paul Rosenstiel will attend to represent the Commission since our meeting will still be in session. Flo Stroud will attend, representing the Department.

The new Commissioners will be replacing the last two original Commissioners, Naomi Gray and Richard Sanchez, who have served two terms since 1985. Commissioners Gray and Sanchez each gave farewell speeches, each indicating their accomplishments and appreciation. Commissioners Chow, Kaufman, Rosenstiel and Underwood each expressed their appreciation and praise to their two colleagues. On behalf of the Department, Dr. Larry Meredith, Acting Director while Dr. Baxter is on vacation, expressed the Department's appreciation.

President Underwood invited Commissioners Gray and Sanchez to return on September 1, 1992 for formal presentations from the Commission and the Department.

4) **DIRECTOR'S REPORT**
(Larry Meredith, Ph.D., for Raymond J. Baxter, Ph.D.)

HEALTH COMMISSION

- New Appointments: Mayor Frank Jordan announced the appointment of two new members of the Health Commission yesterday. At 4 p.m. today,

Dr. Rebecca Castaneda, a dentist in private practice and assistant clinical professor at UCSF; and Arthur Jackson, a local businessman, will be sworn in today at 4 p.m. Dr. Castaneda will replace Commissioner Richard Sanchez and Mr. Jackson replaces Commissioner Naomi Gray whose terms have expired.

The Department will join in welcoming the new members and thanking Commissioners Gray and Sanchez for their dedicated service to the Health Department for the past seven and a half years at the next meeting of the Health Commission on August 11.

CITY BUDGET UPDATE

- DPH FY 92-93 Budget: Yesterday, the Board of Supervisors approved by a 10 to 1 vote the $2.7 billion city budget. The 92-93 DPH budget now totals over $600 million, with $158 million in general fund contribution. This represents an increase in expenditures of $71 million, or 13%, from the 91-92 revised budget and a decrease in general fund of $3 million, or 2% after salary standardization. The increase in expenditures includes the City's $38 million contribution of SB 855, so the real increase in expenditures is $33 million, or 6%.

  The Board also approved expenditure reserves for DPH totalling $2.5 million: $1.1 million for new HIV services and $1.4 million in capital projects for SFGH. In order to spend these funds, a supplemental appropriation will have to be requested.

  Finally, the Board placed $3.2 million in DMS contractual expenditures on reserve pending verification of new substance abuse revenues placed in the budget.

  In their discussions, the Board of Supervisors made it clear that they anticipated coming back to the table to redo the budget once the State deliberations were finalized. Citywide, the cuts could be in the neighborhood of $50 million.

STATE BUDGET UPDATE

- Budget Stalemate: According to the best information, it is expected there will some movement in the budget stalemate either by the beginning of next week, or the week after. There have been ongoing meetings between counties and the Speaker, and counties and the Governor. Apparently, the outcomes of the meetings will have little or no direct impact on health. The Speaker has directed counties to work with Assemblyman Bruce Bronzan, who is unwilling to change Section 17000, to eradicate Beilenson in its entirety, or to change the financial maintenance of effort. The Governor has been recalcitrant in addressing the counties' interests in including cities in the AB 8 bail-out.

  The Budget Conference Committee completed its actions for the second time late last week, although there is no final report yet available. There remains a $1.7 billion funding gap due to the stand-off over school funding. The Conference Committee accepts $600 million reduction in schools, compared to $2.3 billion sought by the Governor. In terms of health, the Conference Committee is most notable for what has been rejected by the Conference Committee, eg.:

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|---|---|
| No 60 day limit | $48 million |
| No CMAC reduction | $20 million |

| | |
|---|---|
| No SB 855 rip off | $28.8 million |
| No limiting eligibility/non-residents | $39.9 million |
| No elimination of optional services | $92.8 million |
| No 10% reduction in MD fees | $11.2 million |
| No redirection of CHIP funds | $31.3 million |
| No DP-SNF contracting | $4-$12 million |

The current health reductions are difficult to characterize impact on SFDPH, as they are still evolving, including:

- Elimination of Poison Control Center GF of $1.5 million
- Managed care - projected savings of $100 million through contracting with a 3rd party administrator
- Assorted drug savings of $48 million, eg. expanding drug rebate program, limiting of 10 prescriptions per month without a TAR
- Some hospital rate setting changes - $56 million
- There is continuing interest in the legislature not to jeopardize CARE funds for the Title II Grant.

Although at this point, it does not appear there are deep cuts for SFDPH, there has not been much attention directed to health. The size of the health cut remains contingent on the agreement reached on education. Although the Budget Conference Committee rejected the above cuts, they could return to the table at any time.

The Department continues to stay closely in touch with the situation in Sacramento. The Mayor's Office is continuing to maintain a strong presence in Sacramento during the budget impasse.

AIDS OFFICE

- Five Year Projections of the AIDS Epidemic in S.F.: Among the abstracts that will be presented by the AIDS Office at the VIII International AIDS Conference this week, are projections of the AIDS Epidemic in San Francisco through 1997.

  The next five years will see greater numbers of people living with AIDS in the City. Cumulative numbers of AIDS cases, including those already deceased, will double from 12,583 currently, to 25,206 by the end of 1997. Based on the current case definition, the number of persons living with AIDS at one time is expected to continue to increase, reaching a high of 4,018 by the end of 1997. While the number of living persons will increase, it is estimated the annual number of AIDS cases diagnosed will peak at 2,173 cases during 1992 and decline slightly thereafter to a level of 2,007 cases diagnosed in 1997.

  If the definition of AIDS were expanded to include HIV-infected persons with CD4 counts of less than 200, the current number of living persons with AIDS would nearly triple, reaching a level of 9,541 persons by the end of 1997. This figure represents the scope and severity of the HIV epidemic beyond that captured by the current definition.

- Survival for Men and Women with AIDS: The July issue of the **Journal of Infectious Diseases** published a study comparing survival for women and men with AIDS in San Francisco. The study, a collaborative effort between the Department of Public Health and the University of California at San Francisco, analyzed data for 139 women and 7,045 men who were

reported with AIDS in San Francisco between July 1981 and December 31, 1990. Patients were followed prospectively through May 15, 1991.

The median survival for women (11.1 months) was significantly shorter than that for men (14.6 months). When data were stratified by year of diagnosis, significantly improved survival was observed in recent years for both women and men, although survival for women remained significantly shorter than that for men. Among those who received AZT or ddI, survival did not differ by gender. However, among those not receiving therapy, survival was significantly shorter for women. These results suggest that the shorter survival of women may be a result of factors other than gender, possibly including less awareness of available testing and less use of antiretroviral drug therapy treatment.

- Mandatory HIV Reporting: It has recently been reported that the Bush Administration is considering changes in AIDS policy which would require mandatory HIV reporting, notification of sexual contacts of known HIV-infected individuals, and expansion of Medicaid coverage to include treatment for the poor from the time of HIV diagnosis till death.

  Because of issues of confidentiality and discrimination, the San Francisco Department of Public Health and the Health Commssion have consistently opposed mandatory reporting of HIV infection. In particular, there is concern that mandatory reporting will deter persons (especially those at higher risk) from seeking testing.

  San Francisco's limited experience with partner notification was recently published in the journal **Sexually Transmitted Diseases**. Of 145 AIDS patients, 35% were interviewed and identified 135 sexual partners. Of those 135 partners, 44% were interviewed and 25% were were tested, resulting in the identification of 7 (5%) HIV-infected partners. The cost of implementing mandatory reporting would be relatively high ($454 per partner interviewed with $2,203 per identified seropositive partner in this study). The Surveillance Branch of the AIDS Office currently estimates the number of HIV-infected persons in San Francisco to be in the range of 28,000 (roughly 4% of San Francisco's total population).

  Expansion of Medicaid benefits, while initially appearing to potentially improve access to medical care (i.e., early intervention) services, may still not provide adequate health care coverage for persons with HIV, especially in light of State budget deficits and current plans to decrease Medi-Cal benefits. Clearly, additional information concerning federal HIV policy proposals must be reviewed prior to determining the potential impact on HIV services in San Francisco.

- Proposed new AIDS Diagnostic Criteria: Due to continued confusion and poor communication on the part of CDC, the AIDS Office recently sent a letter to HIV and AIDS service providers to clarify that the CDC has decided to delay indefinitely the implementation of its proposed new AIDS diagnostic criteria. This means there has been no change in how an individual acquires an AIDS diagnosis, or in the current AIDS case reporting system.

  However, the Social Security Administration, which is responsible for the administration of benefits associated with an AIDS diagnosis, has changed its eligibility criteria as of December 1991. Eligibility for

HIV-related benefits is now more closely linked with functional capacity, rather than specific opportunistic infections for HIV-associated neoplasms/conditions.

Community concerns regarding the CDC's general move toward mandatory reporting of persons with HIV, along with the lack of adequate funding of services for persons with HIV, appear to have swayed the CDC away from implementing its proposed AIDS diagnosis change.

The San Francisco Department of Public Health continues to take the position that: 1) the Centers for Disease Control should adapt a case definition which is more inclusive of clinical manifestations found in certain populations, such as women and injection drug users; 2) monies should in no way be allocated away from prevention and health service activities in order to support surveillance activities; 3) mandatory HIV reporting activities are not acceptable.

SAN FRANCISCO GENERAL HOSPITAL

- Power Outage: Due to a failure of one of three high voltage power transformers that supply PG&E power to the hospital, San Francisco General experienced a power outage on Monday, July 6 at approximately 3 p.m. This resulted in a 1/3 reduction in the power available to the campus and caused the emergency power supply at SFGH to come on line. The emergency circuits were powered within seconds and the full power requirements of the campus were met within minutes.

  A second incident occurred at approximately 5 p.m. when SFGH plant services was attempting to bring on line a second boiler and turbine to distribute emergency power requirements. The second boiler and turbine failed, which resulted in loss of emergency power and regular power to approximately 1/3 of the hospital's circuits. Following manual shedding and restarting of the boiler and turbine, emergency power was restored within 5 minutes and regular power within 10 minutes.

  Final repair to the transformer was completed by 8 a.m. on Wednesday, July 8. Throughout the incident, hospital staff responded rapidly and there were no untoward incidents involving patient care reported. There were reports of minor problems including a few emergency light failures, insufficient numbers of flashlights in some areas, and personal computer document losses. These issues are being followed up in the SFGH Disaster Committee process.

- JCAHO Survey Date: The latest information is that San Francisco General Hospital will be surveyed in December 1992. It is expected that the survey will occur in the first two weeks of the month.

- Poison Control Legislation: Earlier, it was reported that AB 3103, sponsored by Connelly and Speier to support California's poison centers, passed the Assembly. It has since passed the Senate Health Committee and will next go to the Senate Appropriations Committee.

  San Francisco Poison Center continues to provide statewide leadership in the efforts to pass AB 3103. Passage is becoming even more critical to the funding of poison centers as the current state budget proposal is considering the deletion of all general fund support to poison Centers.

- Revenue Bond Proposal: A revenue bond proposal, initiated by SFGH administration, to amend the City's Charter to expand lease financing options for the Department of Public Health has been approved by the Board of Supervisors. The proposal extends existing equipment financing options to also cover capital equipment up to a maximum obligation of twenty million dollars.

- Short-Doyle Medi-Cal Audit: A Short-Doyle Medi-Cal audit by the State Department of Mental Health was conducted July 12-16 for the Department of Psychiatry at San Francisco General. Inpatient Services, Psychiatric Emergency Services and the Infant-Parent Program were surveyed. The results of the audit were a "0%" disallowance, indicating that the charts reviewed complied with standards and the State would not be recouping any billings from the hospital. This audit represents considerable improvement over past audits (42% audit disallowance in 1990, and 6% disallowance for 1991) due to the efforts of staff and the leadership of Dr. Robert Okin. The dramatic improvement can be attributed to the establishment of a coordinated QI/UR function in the Department of Psychiatry, and the personal commitment of Dr. Okin.

LAGUNA HONDA HOSPITAL

- Annual Licensing and Certification Survey: The annual State licensing and certification (L&C) survey for participation in the Medicare and Medi-Cal programs for both the general acute hospital and the distinct-part skilled nursing facility began on Monday, July 13. A team of 19 surveyors and trainees are expected to visit through July 29th and will also review a handful of unusual occurrences that had been reported to the State during the past year.

- Mayor's Fiscal Advisory Committee Report: Shortly after a newspaper article referring to the Mayor's Fiscal Advisory Committee Report cited a recommendation to close Laguna Honda Hospital, Mr. Anthony Wagner issued a memorandum to all staff correcting this misinformation to allay the concerns of many residents' families who were worried and perplexed by the article. The newspaper story had misinterpreted an early working draft analysis of the closing of LHH merely as a point of discussion among a number of cost-saving measures to the City. The Mayor has stated, "in no way will I consider closing Laguna Honda Hospital". A request was made to print a correction.

- Smoke in Clarendon Hall: On the morning of Monday, July 6, a light haze of smoke of undetermined origin was coming from inside a wall panel of a bathroom. The haze necessitated the transfer of about sixty residents from the second and third floors to the northside of Clarendon Hall for less than two hours. The San Francisco Fire Department arrived promptly and ruled out electrical wires or hot pipes as the cause for the unknown material to smoulder. The hospital is awaiting the FirelDepartments final report. Meanwhile, as an added precaution, all bathroom panels in Clarendon Hall have been key-locked to prevent anyone from placing combustible materials inside the wall.

- Update on SNF AIDS Unit: In the two years since its opening, the Skilled Nursing AIDS Unit has cared for 203 patients, of whom 95% were men. The ethnicity of the patients has been: 60% white, 23% African American, 14% Hispanic, and 3% Asian. Referrals were made from: SFGH - 72%, UCSF - 11%, Mt. Zion - 5%, and from home and a small number of other facilities

- 3%. The average age of patients was 39, with a range of 25-64, and the average length of stay was 28 days. Discharges were: 71% due to death, 9% to home, and 8% to acute care. A history of substance abuse was found in 59% of the patients and 11% had a history of a psychiatric disorder with 54% having AIDS dementia.

COMMUNITY PUBLIC HEALTH SERVICES

- Breast Cancer Hotline: Earlier, at a hearing on Breast Cancer at the City Services Committee, Supervisor Jim Gonzalez had inquired about the feasibility of the Department of Public Health establishing "hotline" services to provide information on breast cancer prevention services. In response, the Department has informed Supervisor Gonzalez of the following services that will be available:

  Family Health Bureau MCH Toll Free Line: Information and referrals for breast and cervical cancer screening services have been included in a toll free line established through a MCH grant to provide information on various Family Health Bureau services. It is anticipated that full staffing, including Spanish and Cantonese speaking waivered positions, will be in place by October 1, 1992. Services will be available from 8 a.m. to 5 p.m. Monday through Friday. An answering machine will be available to monitor after hours calls.

When the MCH toll free line is fully operational, a DPH promotional campaign will inform the public of the services that will be provided. Individuals seeking additional information about breast and cervical cancer will be referred to the National Cancer Institute's Cancer Information Service:

1-800 4-CANCER Hotline: The National Cancer Institute provides up-to-date information on cancer through a single 800 number that automatically connects the caller to the office serving their area. The regional center of the Cancer Information Service of California is located in Los Angeles and provides telephone information service from 9 a.m. to 4:30 p.m. Monday through Friday. After hour coverage is provided by the national office until 10 p.m. (EST).

The Cancer Information Service is staffed by professionals and volunteers who utilize a variety of printed and computerized resources to respond to questions regarding cancer, prevention and screening, treatment options, and related services including psychosocial information. Starting on August 1, the service will provide information about breast and cervical cancer services offered by the San Francisco Department of Public Health and S.F. community clinics.

Community Public Health Services' Health Promotion & Education Program will include the services provided by the 1-800-4-CANCER service in its promotional campaign to increase awareness of breast and cervical cancer information and services among DPH clients and for women throughout San Francisco.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Community Crisis Service: Effective July 1, the administration of the Community Crisis Service was transferred from Mt. Zion Health Systems Inc. to Westside Community Mental Health Inc. Under the management of

Westside, Community Crisis Service will continue to provide acute mental health crisis assessment and intervention, medication, follow-up case management, and referral.

Dr. Baxter and Flo Stroud have worked closely with Mt. Zion Health Systems and Westside Community Mental health administrations for the past year to effect this transfer and the smooth transition of operations so that clients would not face disruptions in crisis services.

Community Crisis Service continues at the same location, 2330 Post Street, near Divisadero Street. Clinic hours remain the same, seven days a week, 9 a.m. to 9 p.m. The clinical staff of mental health professionals remains the same.

CIVIL GRAND JURY REPORT 1991-92

- Tuberculosis Screening in the County Jail: The final report of the Civil Grand Jury commends the San Francisco Health Department for its progress in developing a tuberculosis screening program for the jails. While recognizing that the task is a difficult one, the report urges DPH to intensify and expedite effort to implement a functioning, comprehensive tuberculosis screening program that meets guidelines recommended for prisons.

The report urges DPH to continue to seek additional State, Federal and private funding to assist with the jail TB program staffing and equipment and urges the Mayor and the Board of Supervisors to give high priority to DPH funding requests for TB screening in the jails.

LEAD PREVENTION DAY

- Mayor's Press Conference: Mayor Jordan declared yesterday, July 20 as Lead Poisoning Prevention Awareness Day. Highlighted in the Mayor's press conference was the recent DPH surveillance report that found one in twelve children tested to be blood lead poisoned.

Participating in the press conference were Supervisor Kevin Shelley, Neil Gendel of the Coalition to Prevent Lead Poison, Dr. Alvaro Garza, DPH Chief of Non-infectious Disease Epidemiology, and Dr. Larry Meredith representing Dr. Raymond Baxter. Supervisor Shelley spoke of his comprehensive legislation for lead education, prevention and abatement.

The Department of Public Health announced the joint collaboration between the San Francisco Medical Society and the Health Department in urging all physicians to include blood level testing as part of a child's overall physical examination. A joint letter has gone to all physicians in the city informing them of the lead surveillance report, including guidelines for testing children, and requesting reporting of all cases of lead poisoning to the Health Department for follow-up and case management. The Department will continue efforts in comprehensive child lead screening, follow-up of lead poisoned children with public health nurses and industrial hygienists, and education and training.

JUNE STATISTICS

- AIDS Statistics (from 7/1/81 to 6/31/92)

| | |
|---|---|
| Total San Francisco cases: | 12,583 |
| Total San Francisco deaths: | 9,179 |
| Total S.F. cases for June: | 150 |
| Total S.F. deaths for June: | 153 |

San Francisco General Hospital

Inpatient

| | | |
|---|---|---|
| Average Daily Census | (except newborns): | 310 |
| Newborn Nursery: | | 20 |
| Actual Patient Days | (except newborns): | 9,615 |
| Newborn Nursery: | | 616 |
| Admissions | (except newborns): | 1,461 |
| Newborn Nursery: | | 164 |
| Average Length of Stay | (except newborns): | 7 |
| Newborn Nursery: | | 4 |
| Discharge Patient Days | (except newborns): | 9,341 |
| Newborn Nursery: | | 580 |
| Discharges | (except newborns): | 1,439 |
| Newborn Nursery: | | 162 |

Outpatient Visits

| | |
|---|---|
| Primary Health | |
| Family Health: | 2,757 |
| General Medicine: | 2,030 |
| Pediatric: | 2,652 |
| OB/GYN: | 2,521 |
| Specialty Clinics: | 10,820 |

Emergency Room Visits

| | |
|---|---|
| Psychiatric Emergency Services: | N/A |

Laguna Honda Hospital

| | |
|---|---|
| Average Daily Census: | 1,061 |
| Acute Med/Surg: | 4 |
| Acute Rehab: | 3 |
| Clarendon Hall: | 168 |
| AIDS SNF: | 8 |

Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: | 76 |
| (14 beds for subacute/med complex care) | |
| Community Acute Psychiatric Beds: | 6 |

CPHS - Primary Care Visits for Health Centers

| Health Center | RN Only | MD | Total Visits |
|---|---|---|---|
| Health Center #1 | 705 | 1,031 | 1,736 |
| Health Center #2 | 537 | 357 | 894 |
| Health Center #3 | 1,027 | 506 | 1,533 |
| Health Center #4 | 1,238 | 992 | 2,230 |
| Health Center $5 | 1,135 | 493 | 1,628 |
| Tom Waddell Clinic | 1,311 | 2,683 | 3,994 |
| P. Hill H. C. | 429 | 586 | 1,015 |
| So. East H.C. | 499 | 1,042 | 1,541 |
| Spec. Programs for Youth/YGC | 14,975 | 825 | 15,800 |
| TOTAL | 21,856 | 8,515 | 30,371 |

Disease Control

| | |
|---|---|
| TB Clinic: | 2,281 |
| City Clinic: | 2,230 |

## 5) CONSIDERATION OF CHANGES TO CONTRACT POLICIES OF DPH

Dr. Larry Meredith, Deputy Director for Operations, reported the following:

As a result of departmental staff's ongoing effort to streamline the contracting process, approval is requested for the following departmental contracting policy and procedural changes. These policy and procedure changes are designed to facilitate the processing of personal service contracts that the department awards to community based organizations (CBOs) while preserving service quality.

**REQUESTED APPROVALS FOR POLICY CHANGES:**

1) Contract Terms and Conditions:
(This is a revision of DPH Contract Policy 2).

   a) Extend contract for additional four year term without Notice of Intent of RFP, unless contractor demonstrates substandard performance or service needs change.

2) Grant, Sole Source and Contract Approval:
(This is a revision of DPH Contract Policy 4).

   a) Combine grant accept and expend requests, sole source and contract approvals when specified provider(s) are included in grant application as a coapplicant or are identified as the provider of specified service as noted in the grant.

   b) Combine sole source and contract approval requests.

**INFORMATION ON PROCEDURAL CHANGES:**

1) Combine narrative and contract summary into single consolidated document.

2) Eliminate this requirement for: contracts totalling less than $50,000; contract modifications which change the contract no more than 10% above or below the original amount; contracts adjusted for approved COLAs; and contracts adjusted for amounts not exceeding 10% as a result of the budget approval process.

3) Standardize Monitoring Report Summary.

4) Standardize Budget and Instructions.

Commissioners stated their concerns as follows:

1) The Department needs to address evaluation procedures of contractors. Present evaluation procedures do not appear to address below-standard or mediocre contractors. What will the Department do with below-standard performance; and how will this be directly related to the monitoring summary? There is a need for definition for standards of performance. Any evaluation procedure should apply also to Civil Service providers as well as to contract providers.

2) There needs to be an open process in addressing the concern for opportunity for new contractors.

3) The Summary Form should include the contractor's budget information of the previous year.

4) The Monitoring Report should include quality assurance data.

5) The Monitoring Report should include an explanation of any negative points in the report.

6) Combining the narrative (cover memo) and contract summary into a single consolidated document should not eliminate specific facts about the contractor that would be highlighted in the narrative (cover memo).

Public Speaker: John Ehrlich

Action Taken: The Commission directed DPH staff to clarify and rewrite the proposed policy changes, incorporating the Commission's concerns, and bring back the revised proposed policy changes at the September 15, 1992 Commission meeting.

## 6) REPORT ON THE HEALTH AND WELL-BEING OF CHILDREN IN SAN FRANCISCO

Dr. Geraldine Oliva, Acting Deputy Director for Community Public Health, provided an overview of "Monitoring the Health and Well-Being of Children in San Francisco - 1991." Dr. Oliva reported that this is the first annual update of the initial report from 1990 which was prepared by the project "Health of the Uninsured and Underinsured: Developing a System to Monitor Trends." The project was funded by the Kellogg Foundation and was a collaborative effort between the Department of Family and Community Medicine at the University of California, San Francisco, and the Family Health Bureau of the San Francisco Department of Public Health. The project ended in 1990, but the intent was to continue annual updates of the report. See Attachment A.

Commissioners Underwood, Chow, and Sanchez commended the report to be thorough, well-written, and informative.

Public Speaker: Anita P. DeFrantz, Ph.D., MCAH.

Action Taken: The Commission decided to schedule annually a report on children's health. It was suggested that the month of September would be an appropriate time. The Commission requested DPH staff to explore the possibility of presenting this report to the School District staff and Board. Commissioner Gray suggested to have future hearings on children's health at a time convenient for the public.

## 7) OTHER BUSINESS/PUBLIC COMMENTS

None.

The Commission was adjourned at 5:30 p.m. The Commission went into Executive Session as authorized pursuant to Government Code Section 54957, "Personnel Exception".

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment (1)

## HIGHLIGHTS OF THE REPORT

The following section presents what the authors consider to be the key findings of the report. They are not meant to be all inclusive. There is little or no attempt to interpret the causes of the findings or to make recommendations for the remediation of identified problems. One use of this report is to provide data for a strategic planning process in which relevant sectors participate in analyzing the findings and making recommendations. The findings are presented by section in the same order as they occur in the report.

### SECTION I. DESCRIPTION OF CHILDREN AND YOUTH IN SAN FRANCISCO

**The number of children in SF is relatively stable.**

• The number of births to San Francisco residents increased from just under 9,000 in 1982 to 10,086 in 1990. Births are likely to remain over 10,000 for the next few years due in part to recent newcomers of reproductive age. Just over half of San Francisco births in 1990 were to women born outside of the United States. Eighty-nine percent of Chinese babies and 78% of Latino babies had foreign born mothers.

• The 1990 census data show an overall two percent decrease in the number of San Francisco children under the age of 20 from 135,501 in 1980 to 132,663 in 1990. However, while the number of children over age nine living in San Francisco decreased by 6%, the number of children ages one to nine increased 7%.

**Ethnic diversity is increasing.**

• San Francisco's race and ethnic distribution, with its higher proportion of Asians and African Americans, differs substantially from the state distribution. In 1990, 29% of the 10,086 babies born to San Francisco residents were non-Latino whites; 33% were Asian, including 18% Chinese and 8% Filipino; 20% were Latino; and 15% were African American.

• There are approximately 35,000-40,000 legally documented refugees from Southeast Asia, Ethiopia, Central Europe, and the Soviet Union living in San Francisco. About one-half of this population is under age 21. Children and youth comprise approximately 30-40% of the estimated 50,000-60,000 undocumented Central Americans living in San Francisco. An estimated 5,000-10,000 immigrants, primarily from Asia, enter San Francisco each year. Approximately one-third of this population is under age 21.

• Eighty-five percent of the 63,380 youth enrolled in the SFUSD K-12 in 1988-89 were Children/Youth of Color. Almost 29% were Chinese, 19% Latino, 19% African American, 15% White, and 9% Filipino. Over 50% of these children and youth come from homes

where English is not the primary language.

Significant numbers are homeless.

• There are an estimated 1,200-1,500 homeless children and youth at any time in San Francisco.

## SECTION II. HEALTH ACCESS

High risk children are concentrated in specific neighborhoods.

• Certain geographic areas of the city are characterized by higher rates of children-at-risk by virtue of multiple factors. Higher percentages of children living in poverty as reflected by either AFDC coverage, newborn lack of health insurance, or newborn Medi-Cal coverage reside in the Western Addition, Tenderloin, South of Market, Chinatown, Potrero Hill, Mission, Bayview-Hunter's Point, Polk-Russian Hill and Ingleside-Excelsior. Among those neighborhoods, the Western Addition, Tenderloin, South of Market, Potrero Hill, Ingleside-Excelsior and Bayview-Hunter's Point showed multiple indicators of poor health status.

The number of perinatal providers is decreasing.

• Geographical access to hospital outpatient and delivery programs for pregnant women, has decreased. Three of ten hospital-based services closed their programs in 1990-91.

• In 1990, 6% of the babies born to San Francisco residents were not covered by public or private insurance. The highest rate of uninsured hospital deliveries was 13% in the area of North Beach/Chinatown/Telegraph Hill.

More women and children are insured.

• In 1990, about 37% of resident babies born in hospitals were covered by Medi-Cal. Six neighborhoods located in the eastern part of the city accounted for 36% of all births to San Francisco residents. More than 45% of hospital births in these neighborhoods were expected to be covered by Medi-Cal. In the Tenderloin/Civic Center and South of Market neighborhoods, over 62% of the hospital births were expected to be covered by Medi-Cal.

• Neighborhoods with the lowest uninsured but highest Medi-Cal covered births - Tenderloin/Civic Center, South of Market, and Bayview-Hunter's Point - tend to have poor birth outcomes.

• More children were certified eligible for Medi-Cal insurance than ever before. Medi-Cal benefits were expanded in 1989 and 1990 to provide medical services for pregnant women and children who were formerly not eligible for coverage.

SECTION III. HEALTH STATUS

Low birthweight rates high in African Americans.

• The low birthweight rate for California was six and seven tenths percent in 1990. In San Francisco, low birthweight rates were below six percent for all ethnic groups other than African Americans. The rate for African Americans of 14.1% in 1990 is a drop from 15.4% in 1989. There were sizeable disparities in low birthweight rates among neighborhoods. In 1990, the rate of low birth weight deliveries was above nine percent in the Western Addition, South of Market, Potrero Hill, and Bayview-Hunter's Point areas.

Newcomers have increased dental caries.

Among 2,434 school children K-5 and 774 pre-school children screened for dental caries, there was decay present in 35% and 27% respectively of the children screened. Screening services are targeted to schools with high numbers of newcomers.

Births to teens stable.

• Births to school age teens were 3.2% (not significantly different from 1989) of total San Francisco births in 1990, slightly below the statewide level of 4%. African Americans accounted for 45% of these births and Latinas for 32%.

Measles epidemic is over.

• In 1989-90, California experienced an extensive measles epidemic. In 1990, San Francisco reported 37 cases - more than five times the number reported in 1989 but much lower than neighboring counties. By 1991, the number had dropped to 3.

STDs remain a problem in SF youth.

• Chlamydia is the most prevalent STD in San Francisco youth, with a total of 949 cases reported in youth under age 20 in 1990. In 1990, the number of syphilis cases increased 117% (63 cases) for San Francisco youth under age 20. Although the overall number of gonorrhea cases continued to decrease in 1990 among San Francisco residents under the age of 20, the rate increased among youth aged 10-14. For each STD, more cases were reported among females under age 20 than among males of the same age.

• The poorest and the predominantly African American neighborhoods had the highest STD rates - West Hunter's Point, Sunnydale, and the Western Addition - while the more affluent and the predominantly Asian neighborhoods had the lowest rates.

HIV seroprevalence high in gay youth.

• The number of cases of AIDS reported in women, children and youth has remained very low. Seroprevalence rates in women also remain stable even in high risk groups. However gay and homeless youth have been found to have 12-14% seroprevalence rates.

**Infant mortality remains high for African-Americans.**

• The infant mortality rate in San Francisco decreased from 9.6 deaths per 1,000 live births in 1989 to 7.2 deaths in 1990. The rate for African Americans was 16.3 in 1990 and has been consistently higher than for any other race/ethnic group over the years.

**Injuries continue to be the leading cause of child deaths, especially for teenagers.**

• For San Francisco children and youth ages 1-14 the leading causes of death from 1986-89 were injuries of unintentional or unknown intent (31%), cancer (11%), congenital anomalies (11%), and homicide (6%). Injuries include motor vehicle related (29%), homicide (20%), and suicide (12%), as well as other injuries of unintentional or unknown intent.

**High lead levels in San Francisco children**

• Screening of 1199 children for lead showed an overall prevalence of 8.3% of children with elevated levels. Levels were highest in children less than one year of age (10.6%) and of either White (17.1%) or African-American (10.7%) race.

**Long waits for childcare.**

• As many as 6,000 families are on waiting lists for licensed child care programs in San Francisco. Over half of these families are waiting for subsidized care.

## SECTION IV. MEDICAL CARE UTILIZATION

**Women obtaining late prenatal care.**

• In 1990, one out of four pregnant women in San Francisco did not receive prenatal care during the first trimester of pregnancy. While this percent is lower than the state's (27%), it greatly exceeds the 10% goal set forth in the Public Health Service's 1990 objectives. Over 40% of African-American and 35% of Latina women did not receive prenatal care during the first trimester. Initiation of late prenatal care is associated with poor birth outcomes.

•In the South of Market, Tenderloin, Mission, Potrero Hill, Visitacion Valley and Bayview-Hunter's Point areas, more than 30%

of pregnant women received no early prenatal care in 1990. There is only one prenatal care provider in each of these areas except the Mission.

County outpatients clinics showing increased visits by children.

• Visits to the DPH Primary Care clinics increased from 9669 in 1988 to 17,314 in 1990-91.

• Children's visits to the Community Clinic Consortium Clinics increased from 6701 in 1989 to 8883 in 1990.

• There was a 12% increase between 1989 and 1991 in the number of low income children receiving care in San Francisco General Hospital out-patient clinics.

SECTION V. HEALTH PROGRAM PARTICIPATION

Many eligible children not receiving CHDP/EPSDT/WIC services.

• The CHDP/EPSDT Program provides health screening and follow up for children under 200% of poverty. Although the numbers served by this program have steadily increased from 11,815 in 1984-85 to 32,875 in 1989-90, it is estimated that only one-third of the eligible children received this service.

• The Women, Infants and Children (WIC) Program provides nutrition education and distributes food vouchers to pregnant women and infants with incomes under 185% of poverty. Although the number served has increased from 4,771 in 1986 to 14,000 in 1990 it is estimated that only 55% of the eligible are served.

CCS adds HIV program.

• The California Childrens Services (CCS) Program provides reimbursement for health care to low income children with specific chronic handicapping conditions. In 1989-92 the program added an HIV program to support diagnosis and treatment for HIV positive children and youth. In 1989-90 103 children were served under the HIV program.

Family planning services threatened.

• Four state and federally funded clinics provide care to 17,475 women in S.F. Funding cutbacks and the imposition of the "gag" rule preventing discussion of abortion at Federally funded sites threaten the continuation of these services.

Increasing Medi-Cal coverages for poor women.

• Medi-Cal now reimburses providers of prenatal care to women with incomes up to 200% of poverty. This has resulted in decreasing rates of women without health insurance coverage for this service. By 1992 women with incomes up to 250% of poverty will be covered.

## SECTION VI. EDUCATION

**S.F. dropout rates similar to state average.**

• Significant numbers of youth attending middle schools are at high risk for absenteeism patterns associated with future school failure and dropout. In 1988, the cumulative three year dropout rate was 24% in San Francisco, comparable to the State rate of 22%.*

**African Americans disproportionately represented in special education.**

• In the spring of 1989, there were 6,299 Special Education students in the SFUSD, representing 10% of the total enrollment. African Americans were over-represented (39%) in comparison to the racial/ethnic distribution for student enrollment district-wide, (19%) as were "other Whites" to a lesser degree (19% compared with 15%).*

*Indicates data are from 1990 Child Health Report.

## SECTION VII. MENTAL HEALTH

**Cost of psychiatric hospitalizations increasing.**

• The number of psychiatric hospitalizations for San Francisco children and youth has increased from less than 50 in FY 1981-82 to 269 in FY 1990-91.

• The cost of long term psychiatric hospitalization for San Francisco youth in Napa State Hospital increased from $756,567 in FY 1984-85 to $3,539,640 in FY 1989-90.

**The Family Mosaic Project addresses multi system issues.**

• The Family Mosaic Project is a recently funded, multi-disciplinary effort to reform the system of care provided to young people who have serious emotional disturbances. The Project hopes to serve 1,500 children and youth over its first four years.

SECTION VIII. SUBSTANCE ABUSE

Heroin and cocaine use increasing among youth.

• The Community Substance Abuse Services of DPH report that treatment program admission for heroin have increased from 7 in 1986-87 to 45 in 1990-91.

• Cocaine use continues to increase with 125 admissions in 1990-91 compared to 92 in 1986-87, In 1986/87 32% of youth admitted reported cocaine use. By 1990-91 the percentage was 48%. Of those admitted for cocaine, 62% used crack.

SECTION IX. JUVENILE CRIME

S.F. plagued by high arrest rates for youth.

• In 1989 San Francisco had the highest juvenile arrest rate of any Bay Area county, the highest percentage of felony arrests, and the third highest number of juvenile arrests among six Bay Area counties.

Racial/ethnic minorities disproportionately affected.

• In 1990, approximately 50% of the 5,899 youth referred for law violations were African American, 17% White, 17% Asian/Pacific Islander, 14% Latino, and 3% Other/Unknown. 83% of these youth were male and between the ages of 14 and 17. 64% of youth under jurisdiction of the juvenile court in out-of-home placements were African-American.

• Over half the youth referred for law violations in 1990 were from four neighborhoods: Outer Mission (18%), Bayview/Hunter's Point (13.8%), Western Addition (10.8%) and Inner Mission (10.3%).

SECTION X. CHILD ABUSE

Racial/ethnic minorities overrepresented in DSS caseload.

• There were 3,943 children and youth under the supervision of the Department of Social Services as of September, 1991. The ethnic breakdown was 70.7% African American, 11.7% White, 14% Latino, 4.1% Asian, and 1.5% Native American. 51.7% were female and 48.3% male.

• DSS projects an increase of emergency response referrals for child abuse and neglect to 12.7% between 1990 to 1991.

Substance abuse underlies most dependency petitions.

• About 60% of all children for whom dependency petitions were filed have parents who are alleged substance abusers, an 11% increase from 1989.

Younger children disproportionately affected.

• In San Francisco and statewide, the age of children and youth in out-of-home placement is decreasing. In 1990, 41% of all children and youth for whom a dependency petition were filed were under age two; an additional 21% were ages two to five.

Fragile infant program addresses needs of sick foster children.

• The number of infants entering the foster care system with severe medical/developmental problems has increased over the past four years. In 1987, the Medically Fragile Infant Program was initiated to respond to the special needs of these children. As of November 30, 1991, 113 children were enrolled in this program. Twenty-four of these children have been diagnosed as HIV positive.

#1
8/11/92

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Agenda

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

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## HEALTH COMMISSION MEETING

*Tuesday, August 11, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 21, 1992

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Pierre Ludington)

(3.1) C.O. - AIDS - Renewal contract with Bayview Hunter's Point Foundation in the amount of $203,352 to provide AIDS/HIV prevention and education services to African-Americans including IDU's and other substance abusers for the period of January 1, 1992 through December 31, 1992. (DPH contracted with BVHP for services totaling $7,259,219 in FY 90-91.)

(3.2) C.O. - AIDS - Renewal contract with UCSF/AIDS Health Project in the amount of $91,720 to provide crisis intervention and mental health services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with UCSF for services totaling $8,568,940 in FY 91-92 exclusive of the affiliation contract.)

(3.3) C.O. - AIDS - Renewal contract with UCSF/AIDS Health Project in the amount of $432,204 to provide counseling and testing at AIDS antibody alternative test sites, and ATS outreach targeting racial and ethnic communities for AIDS antibody testing, for the period of January 1, 1992 through December 31, 1992.

(3.4) C.O. - AIDS - Renewal contract with AIDS Benefits Counselors, in the amount of $99,748 to provide Social Security and Employee benefits counseling for the period July 1, 1992 through June 30, 1993. (DPH contracted with AIDS Benefits Counselors for services totaling $316,903 for FY 91-92.)

* This is the only meeting in August.

(3.5) C.O. - AIDS - A renewal contract with Japanese Community Youth Council in the amount of $165,138 to provide HIV/STD prevention and education services to Asian and Pacific Islander individuals for the period of July 1, 1992 through June 30, 1993. (DPH contracted with JCYC for services totaling $176,583 for FY 91-92.)

(3.6) C.O. - AIDS - A renewal contract with Gay Asian Pacific Alliance Community HIV Project, in the amount of $190,625 to provide AIDS/HIV prevention and education services to the Asian Pacific Islander gay and bisexual community, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with GAPA including amounts contracted with Asian American Health Forum as fiscal agent) for services totaling $175,000 for FY 91-92.)

(3.7) C.O. - AIDS - Request to accept and expend a continuation allocation in the amount of $3,000,000 from the California Department of Health Services to provide continuation of the AIDS Drug Program for the period of October 1, 1992 to September 30, 1993.

(3.8) C.O. - AIDS - Request to accept and expend an augmentation to a grant in the amount of $49,514 from the Centers for Disease Control to provide supplemental funding for the AIDS Surveillance Project for the period of September 1, 1992 to December 31, 1992.

(3.9) C.O. - California Healthcare for Indigents Program (CHIP) - Request to apply for, accept and expend fiscal year 1992-93 funding in the amount of up to $11,810,233 from the State Department of Health Services for the California Healthcare for Indigents Program (CHIP).

(3.10) CPHS - Family Health, CHDP - Request to accept and expend a continuation allocation in the amount of $2,187,178 from the State Department of Health for the Child Health and Disability Prevention (CHDP) Program, to provide referral for well child and prenatal services, for the period of July 1, 1992 to June 30, 1993.

(3.11) CPHS - Epidemiology and Disease Control - Request to accept and expend an augmentation to a grant in the amount of $321,540 from the Centers for Disease Control to provide sexually transmitted disease (STD) control services, for the period of January 1, 1993 to April 30, 1993.

(3.12) CPHS - Administration - Reconsideration of contract with California Children's Home, Inc. to provide residential care services to crack-cocaine addicted pregnant women. (DPH contracted with California Children's Home for services totaling $70,437 for FY 91-92.)

(3.13) DMS - CMHS - Adult Community - Renewal contract with Instituto Familiar de la Raza, Inc. in the amount of $699,152 to provide outpatient mental health services to the Latino Community, Severely Emotionally Disturbed (SED) children and their families and to serve as a fiscal agent for the Family Mosaic Project for the period July 1, 1992 through June 30, 1993. (DPH contracted with Instituto Familiar de la Raza, Inc. for services totaling $376,291 for FY 91-92.)

(3.14) DMS - CMHS - Adult Community - Renewal contract with Ramsell Corporation in the amount of $1,207,463 per year, to act as a fiscal agent to reimburse residential care facility operators for all eligible clients residing in their facility for the period of July 1, 1992 through June 30, 1994. (DPH contracted with Ramsell Corporation for services totaling $1,106,620 for FY 91-92.)

(3.15) DMS - CMHS - Adult Acute - A new contract and sole source request for San Jose Care & Guidance, in the amount of $472,974, to provide subacute locked skilled nursing 24-hour services for the period July 1, 1992 through June 30, 1993. (DPH has not contracted with San Jose Care & Guidance previously.)

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(3.18) Update on Contracting

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

5) CONSIDERATION OF POLICIES REGARDING REFUSE PERMIT PROCEDURES FOR FEDERAL FACILITIES

6) OTHER BUSINESS/PUBLIC COMMENTS*

8) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION".

AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, "PENDING LITIGATION".

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

City and County of San Francisco
**HEALTH COMMISSION**
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Paul Rosenstiel
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Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Morl
Secretary

TEL: (415) 554-2666

## MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, August 11, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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### 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

Absent: Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel

President Underwood welcomed the two new Health Commissioners, Rebecca P. Castaneda, D.D.S., and Arthur M. Jackson, to their first meeting.

President Underwood announced the following appointments:

Commissioner Jackson - was appointed to the Budget Committee and the Joint Conference Committee for Mental Health, Substance Abuse, and Forensics.

Commissioner Castaneda - was appointed to the Joint Conference Committee for Laguna Honda Hospital and the Joint Conference Committee for Community Public Health, AIDS, and EMS.

Commissioner Kaufman - was appointed to be the Chair of the Budget Committee.

### 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF JULY 21, 1992

Action Taken: The Commission adopted the minutes of July 21, 1992.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel F. Kaufman)

(3.1) C.O. - AIDS - Renewal contract with Bayview Hunter's Point Foundation in the amount of $203,352 to provide AIDS/HIV prevention and education services to African-Americans including IDU's and other substance abusers for the period of January 1, 1992 through December 31, 1992. (DPH contracted with BVHP for services totaling $7,259,219 in FY 1990-91.)

(3.2) C.O. - AIDS - Renewal contract with UCSF/AIDS Health Project in the amount of $91,720 to provide crisis intervention and mental health services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with UCSF for services totaling $8,568,940 in FY 1991-92 exclusive of the affiliation contract.)

(3.3) C.O. - AIDS - Renewal contract with UCSF/AIDS Health Project in the amount of $432,204 to provide counseling and testing at AIDS antibody alternative test sites, and ATS outreach targeting racial and ethnic communities for AIDS antibody testing, for the period of January 1, 1992 through December 31, 1992.

(3.4) C.O. - AIDS - Renewal contract with AIDS Benefits Counselors, in the amount of $99,748 to provide Social Security and Employee benefits counseling for the period July 1, 1992 through June 30, 1993. (DPH contracted with AIDS Benefits Counselors for services totaling $316,903 for FY 1991-92.)

(3.5) C.O. - AIDS - A renewal contract with Japanese Community Youth Council in the amount of $165,188 to provide HIV/STD prevention and education services to Asian and Pacific Islander individuals for the period of July 1, 1992 through June 30, 1993. (DPH contracted with JCYC for services totaling $176,583 for FY 1991-92.)

(3.6) C.O. - AIDS - A renewal contract with Gay Asian Pacific Alliance Community HIV Project, in the amount of $190,625 to provide AIDS/HIV prevention and education services to the Asian Pacific Islander gay and bisexual community, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with GAPA including amounts contracted with Asian American Health Forum as fiscal agent) for services totaling $175,000 for FY 1991-92.)

(3.7) C.O. - AIDS - Request to accept and expend a continuation allocation in the amount of $3,000,000 from the California Department of Health Services to provide continuation of the AIDS Drug Program for the period of October 1, 1992 to September 30, 1993.

(3.8) C.O. - AIDS - Request to accept and expend an augmentation to a grant in the amount of $59,647 from the Centers for Disease Control to provide supplemental funding for the AIDS Surveillance Project for the period of September 1, 1992 to December 31, 1992.

(3.9) C.O. - California Healthcare for Indigents Program (CHIP) - Request to apply for, accept and expend fiscal year 1992-93 funding in the amount of up to $11,810,233 from the State Department of Health Services for the California Healthcare for Indigents Program (CHIP).

Commissioner Chow abstained on this item.

(3.10) CPHS - Family Health, CHDP - Request to accept and expend a continuation allocation in the amount of $2,187,178 from the State Department of Health for the Child Health and Disability Prevention (CHDP) Program, to provide referral for well child and prenatal services, for the period of July 1, 1992 to June 30, 1993.

(3.11) CPHS - Epidemiology and Disease Control - Request to accept and expend an augmentation to a grant in the amount of $321,540 from the Centers for Disease Control to provide sexually transmitted disease (STD) control services, for the period of January 1, 1993 to April 30, 1993.

Commissioner Chow requested copies of the quarterly progress reports on this program in order to see any statistical changes on STD's.

(3.12) CPHS - Administration - Reconsideration of contract with California Children's Home, Inc. to provide residential care services to crack-cocaine addicted pregnant women. (DPH contracted with California Children's Home for services totaling $70,437 for FY 1991-92.)

This item will be postponed to a future meeting.

(3.13) DMS - CMHS - Adult Community - Renewal contract with Instituto Familiar de la Raza, Inc. in the amount of $699,152 to provide outpatient mental health services to the Latino Community, Severely Emotionally Disturbed (SED) children and their families and to serve as a fiscal agent for the Family Mosaic Project for the period July 1, 1992 through June 30, 1993. (DPH contracted with Instituto Familiar de la Raza, Inc. for services totaling $376,291 for FY 1991-92.)

Corrective actions on the contractor's evaluation are being monitored by the Department. Commissioner Chow referred to the Joint Conference Committee for DMSF an update on the monitoring of this contractor.

(3.14) DMS - CMHS - Adult Community - Renewal contract with Ramsell Corporation in the amount of $1,207,463 per year, to act as a fiscal agent to reimburse residential care facility operators for all eligible clients residing in their facility for the period of July 1, 1992 through June 30, 1994. (DPH contracted with Ramsell Corporation for services totaling $1,106,620 for FY 1991-92.)

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(3.17) DMS - CSAS - Request for approval of site for use by Asian American Recovery Services, Inc. at 2020 Hayes Street, San Francisco to provide residential substance abuse treatment services.

(3.18) Update on Contracting

There has been nothing new to report at this time.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, excluding #3.12 and #3.18. Commissioner Chow abstained on #3.9.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

HEALTH COMMISSION

- Welcome New Commissioners: The Department of Public Health joins the Health Commission in welcoming two new members today, Commissioner Rebecca Castaneda and Commissioner Arthur Jackson.

ADMINISTRATIVE REORGANIZATION

- Community-Based Programs: I am very pleased to announce the first step in a reorganization of the Health Department's community-based programs that will both strengthen the integration of services and make better use of our shrinking administrative resources. Flo Stroud will assume the position of Senior Deputy Director for Community Health Programs. This will include overall direction and coordination of community public health, AIDS, mental health and substance abuse services, with specific focus on integrating these programs more effectively for our clientele. She will also establish a new unit consolidating existing services to high-risk youth and children.

  Dr. Sandra Hernandez will assume the position of County Health Officer and Deputy Director of Community Public Health Services and the AIDS Office. She will be consolidating some of the administrative functions now carried out separately in CPHS and the AIDS Office, and focus on strengthening the role of the health centers in the delivery of primary care. We are recruiting a successor to her as Medical Director of the AIDS Office. Both Ms. Stroud and Dr. Hernandez have already made great contributions to this Department and to the City of San Francisco, and I know you will join in welcoming them to these new responsibilities.

UPDATE ON STATE BUDGET

- Current Status: There is still no solution to the outstanding State budget impasse. The newest proposal by Assemblyman Frank Hill (R-Whitier) failed passage Sunday night in both houses. However, his proposal is now serving as the basis for discussion. Key changes in Hill's proposal is the increase in proposed reduction of general fund support for counties (as a "take back" of State support for local government after Proposition 13): counties would be cut $710 million, instead of the previous $400 million. Cities would be reduced $160 million instead of $300 million.

  It is still difficult to analyze the impact on county health programs, as no bill language is yet available. The administration's earlier proposals still appear to be off the table, eg. the reduction in Medi-Cal optional benefits, the 60 day limit and contracting for DP-SNFs. There is still a proposal for some type of managed care system in Medi-Cal, for a savings of between $75-$100 million. There is still a proposal to redirect tobacco tax funds from health education to health care services. There are still proposals to make changes in the Medi-Cal prescription drug programs for a savings of $50 million.

Also, it is possible that there will be no clean-up language for realignment advanced this session. It appears that counties will continue to receive funds from the state based on the same formulas for this year. It is assumed that clean-up legislation will be moved early in the next legislative session, which begins in January. The Department continues to work closely with the Mayor's Office and our state delegation.

AIDS OFFICE

- HIV-Seronegative Persons with Low Numbers of T-Cells: The Centers for Disease Control (CDC) has requested that healthcare providers report to CDC, through AIDS surveillance sections of local or state health departments, patients who are HIV-seronegative with low numbers of CD4+ T-cells and who meet the following criteria: 1) CD4+ T-lymphocyte count less than 300; 2) no serologic evidence of HIV infection; and 3) no defined immunodeficiency or therapy associated with T-cell depletion. The CDC has also requested information on HIV-seronegative persons who have AIDS-defining clinical conditions which have already been reported.

  To date there are no confirmed reports of San Franciscans with unexplained CD4+ T-lymphocyte depletion. Nationally, twenty-six cases of confirmed HIV-seronegative persons with low numbers of CD4+ T-cells have been reported in the medical literature or to the CDC. Some of these persons have had an AIDS-defining clinical condition while others have had other manifestations. The cause of CD4+ T-lymphocyte depletion is unknown and there is no evidence of an epidemiologic link between the cases. The AIDS Office has circulated a letter requesting the assistance of all HIV/AIDS healthcare providers.

- CURAS: Recently, the media has reported a variety of allegations by members of the Latino community against a community based contract agency, Community United in Response to AIDS/SIDA. The Commission should be aware that the Department is conducting an investigation of these complaints as part of a previously scheduled contract monitoring and status report.

  The multidisciplinary audit team includes participation by the Controller's Office and the Human Rights Commission. Any findings or recommendations will be presented to the Commission upon completion of the audit. This report should be completed within the next month.

- Report on the VIII International AIDS Conference: The Department will be presenting important findings reported at the Amsterdam Conference at the AIDS Grand Rounds on August 26 at 3 pm in Room 300. Topics to be covered include: prevention strategies, epidemiology, anti-retroviral therapies, opportunistic infections, pediatric/adolescent issues, and vaccine development. Commissioners are invited to attend.

SAN FRANCISCO GENERAL HOSPITAL

- Associate Administrator for Nursing Services: Brenda Lauer, Associate Administrator for Nursing Services for San Francisco General Hospital, has resigned to accept the position of Vice President for Nursing at Mills-Peninsula Hospital. A farewell party is scheduled for Ms. Lauer on August 19 in the hospital cafeteria.

Ms. Lauer came to SFGH in 1987 as the Assistant Director of Nursing for the Medical Division. In 1988, she assumed leadership of the Nursing Department. Her contributions both to the Nursing Department and to the Executive Team have been outstanding, in particular her commitment to strengthening the role of nursing in both clinical practice and management. Her style of visible "walking the floors" management became part of the hospital's organizational principles.

Ms. Gene O'Connell, Assistant Director of Nursing, has been named Acting Associate Administrator for Nursing Services. A national search will be organized to fill the position on a permanent basis.

- Chief of Surgery: Dr. Frank Lewis, Chief of Surgery at San Francisco General has accepted the chairmanship of Surgery at the Henry Ford Medical Center in Detroit, Michigan. Dr. Lewis' contribution to SFGH began with his internship twenty-seven years ago. He has played a significant role in shaping the direction of trauma care not only in San Francisco but throughout the country and he has received numerous awards in recognition of his work. The hospital staff will honor Dr. Lewis at a party at Espirit this evening. His contribution and presence at San Francisco General Hospital will be missed.

  Dr. William Schecter has been appointed Acting Chief of Surgery.

- Hospital Diversion: There has been an increase in critical care diversion for SFGH in June (25%) and July (33%). As called for in the Memorandum of Understanding between the Department and Westbay Hospitals, S.F. Section, I am scheduling a meeting with community hospital representatives. The MOU calls for a meeting when SFGH is on critical care or total diversion more than 15% of the time in a 3 month period or 30% in a single month. The EMS Agency will monitor SFGH diversion on a weekly basis to keep me informed of diversion trends.

- Proposed Interim Parking Plan: The Employee Parking Committee under Stu Heard's chairmanship has proposed an interim parking plan as the beginning of an overall SFGH transportation program. The interim parking plan for the hospital, targeted for early September, is currently being reviewed by employee and medical staff committees. The proposed plan was presented to the SFGH Joint Conference Committee and the Chiefs of Service last week.

- Donations to Victims of Crime: San Francisco cab driver, Chuck Hollom donated more than $60,000 in equipment and money to the SFGH Trauma Center and six other groups helping victims of crime at a press conference at SFGH today. Four new electrocardiogram machines and four new portable suction units have been donated to assist in providing emergency medical care to critically injured patients, often the victims of violence.

  The Hollom fund was created after the cab driver was found guilty of using excessive force in making a citizen's arrest by pinning a purse snatcher against the wall with his taxi. There was a public outpouring of financial assistance for Mr. Hollom when he was sued by the purse snatcher and lost a court judgment.

LAGUNA HONDA HOSPITAL

- Annual Licensing & Certification Survey: Laguna Honda Hospital's annual on-site survey by the State Department of Health Services, for participation in the Medicare and Medi-Cal programs for both the general acute hospital and the distinct part skilled nursing facility, was completed on July 29. The final team of 22 surveyors and trainees are now reviewing the survey and will issue an oral report in the near future.

COMMUNITY PUBLIC HEALTH SERVICES

- Acting Deputy Director and Director of Family Health: Dr. Gerry Oliva, Director of Family Health is leaving the Department effective September 1. She has accepted a position as the Project Director of the Center for Family Health, a new research unit within the Family and Community Medicine Department of the School of Medicine of UCSF where she will replicate the work of establishing health status indicators for children statewide. She will also serve in a faculty position with the Institute of Health Policy Studies UCSF.

  Under Dr. Oliva's leadership and based on careful needs assessment, the Family Health Bureau has developed an impressive array of services for women and children. Dr. Oliva has also played a major role in building coalitions for advancing children's health issues, both at the local, state and national levels.

  In addition to her duties as Director of Family Health, Dr. Oliva assumed the added responsibilities of Acting Director of Community Public Health Services for the past year. I want to acknowledge her work and commitment to the health and well-being of San Francisco's children and youth, and wish her well in her new work that will benefit children throughout the State.

- Women's Health Advisory Committee: As directed by the Health Commission, a Department of Public Health Women's Health Advisory Committee has been established. The twenty-two member body was selected from over 100 applicants representing a broad range of women's health issues. Commissioner Margel Kaufman will serve as an ex-officio member to the Committee. I have appointed Marj Plumb, Executive Director of the Lyon-Martin Clinic, and Flo Stroud, Deputy Director of Community Programs as interim co-chairs of the Committee. I will meet with the Committee at its first meeting on August 20.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Mayor's Award: Last week, at a ceremony in his office, Mayor Jordan named Monique Zmuda, Director of Business and Operations for DMS, as the winner of the Mayor's Award, a scholarship to the Executive MBA Program of the McLaren School of Business, University of San Francisco.

  All City departments were asked to nominate qualified managers for a 21 month program specifically structured to prepare working managers for further advancement and responsibilities. The program is designed to accommodate demanding work schedules of its participants.

  The Department of Public Health is honored to have Monique selected as the winner after a rigorous selection process by the University of San Francisco.

DPH SPONSORED LEGISLATION

- Needle Exchange Bills: Both the Senate and the Assembly have passed identical bills, AB 2525 (Brown) and SB 1418 (Watson) to establish a clean needle and syringe exchange pilot project. Because separate needle exchange bills were introduced in the Senate and the Assembly, the bills must now cross over to the opposite chambers for approval before being sent to the Governor.

  AB 2525 was reported out of the Senate Appropriations Committee on July 20 and is now scheduled for a vote in the Senate this Thursday. SB 1418 failed to move out of Assembly Ways and Means Committee on July 22, one vote short of the 12 votes needed, and will be reconsidered this week. If the bills are approved, the bills will need concurrence votes in their house of origin due to amendments before going to the Governor.

  The Governor has not yet indicated his position on needle exchange. DPH and the bill's co-sponsor, the San Francisco AIDS Foundation are working to generate support by the Governor.

EQUAL EMPLOYMENT OPPORTUNITY UNIT

- Affirmative Action Coordinator: Gloria Louie, Affirmative Action and Civil Rights Officer for the Department of Social Services will assume the position of DPH Affirmative Action Coordinator as of September 7. Prior to her service at DSS, Ms. Louie was an Affirmative Action Specialist with the Health Department from 1983 to 1989.

PUBLIC MANAGERIAL EXCELLENCE AWARDS

- DPH Nominees for 1992: The annual Public Managerial Excellence Awards recognizing significant achievements during the 91-92 fiscal year by city managers will be presented on November 12. The program is sponsored by the Mayor's Fiscal Advisory Committee (MFAC), the San Francisco Planning and Urban Research Association (SPUR), and the San Francisco Chamber of Commerce.

  Five awards of $1,200 will be given to managers who have demonstrated outstanding leadership and performance. This year, I am pleased to announce that five Department of Public Health managers have been nominated for the award. The nominees are:

  **Anthony Wagner**, Executive Administrator, Laguna Honda Hospital
  **Mary Slezak**, Supervisor, Admitting Dept., Laguna Honda Hospital
  **Gene O'Connell**, R.N., M.S., Assistant Director of Nursing, San Francisco General Hospital
  **Nancy Presson**, Director, Children's Services, Division of Mental Health and Substance Abuse
  **Scott Nakamura**, Manager, Hazardous Waste Program

MAYOR'S FISCAL ADVISORY COMMITTEE REPORT

- Update: The following are the Department's comments to the MFAC Report findings and recommendations on health and hospital services in San Francisco.

  - The Department of Public Health supports expanding the use of the enterprise concept, creating greater efficiencies and flexibility by eliminating line item budget review and creating greater incentives by allowing DPH to reinvest a portion of new revenues.

- San Francisco does not spend .23 cents of every tax dollar on health/hospital services. The Mayor's budget for 1992-93 includes $153 million in general fund support support for the Health Department. This is only 10.7% of the city's total $1.4 billion general fund resources. San Francisco is among the nation's top 50 medically underserved urban counties. The City and County "safety net" provides health services to those individuals in need.

- Instead of the reported 16% per year growth in net costs to local taxpayers for health/hospital services over the last four years, the net taxpayer cost, adjusted for inflation, has grown 7.8% between 1987 and 1993. This is based on the 1992-93 budget without any additional cuts.

- It is true that we serve twice as many seriously mentally ill people per 1,000 residents as peer counties. However, we serve less than 20% of the seriously mentally ill in San Francisco. While we may be doing more than other counties, we still are not doing nearly enough for the most needy in our community.

- The increased cost of our mental health services is also due to the way salaries are set in San Francisco, not just the way services are delivered.

- The Departmert also believes that AIDS/HIV programs should be consolidated with CPHS. However, the reason for the Department's position is to improve program coordination and long-term viability of the AIDS program over time. There is nothing in the MFAC report to suggest that the overhead at CPHS or the AIDS Office is unreasonable.

- The Department agrees with the MFAC recommendation to renegotiate the UC-SFGH affiliation agreement - and the Department has been working on this for the past two years. Rather than negotiating specific staffing levels in FTEs and staffing costs for outpatient clinics, DPH is negotiating dollars tied to levels of service. The Department believes this will provide the best accountability over the U.C. affiliation.

- The Department of Public Health does not agree that the City should be evaluating whether or not to continue Laguna Honda Hospital. The Mayor has already given his unqualified support for the LHH bond measure next November.

- The Department has and will continue to review consolidation of mental health and public health services. However, simple consolidation does not save costs appreciably: cutting services as a result of a consolidation does reduce costs.

All monthly statistics for July will be reported at the next meeting of the Health Commission.

President Underwood referred the discussion and Department's response to the Mayor's Fiscal Advisory Committee report on health and hospital services to the agenda for September 1, 1992.

In behalf of the Commission, President Underwood commended the Department for its administrative reorganization and recent personnel changes. The Commission looks forward to working with everyone in their new positions.

5) CONSIDERATION OF POLICIES REGARDING REFUSE PERMIT PROCEDURES FOR FEDERAL FACILITIES

Dr. Larry Meredith, Deputy Director for Operations, reported that recent State regulations, in addition to changes in the economic conditions pertaining to solid waste recycling and disposal, require that the Department of Public Health, through the Bureau of Environmental Health, establish policies and procedures for regulating the collection and transportation of refuse in San Francisco. The Bureau of Environmental Health has proposed new regulations governing refuse permit procedures. On Friday, July 17, the Bureau of Environmental Health held a public hearing to provide the regulated community an opportunity to comment on the proposed policies.

The Commission was given a historical report on the City's regulation of refuse hauling and collection and DPH's role and responsibility in this area. The Initiative Ordinance on Refuse Collection and Disposal in the City Charter dates back to 1932.

Ben Gale, Director of the Bureau of Environmental Health, presented the proposed regulations, with minor corrections.

Public Speakers: Janet Weaver, U.S. Coast Guard
Andrew Junius, Reuben and Cera
Gordon Davis, Norcal Waste Systems, Inc.

Issues raised by public speakers:

a) regulations should be non-exclusive in nature.

b) there should be a capability to regulate prices.

c) the definition for "adequate" service is not up to date.

d) standards to be met in the application procedures are not specific enough.

e) notification to a permit holder should be given when a new application is submitted.

f) refuse being taken to a central station should be maintained.

John Cooper, Deputy City Attorney, and Dr. Meredith, indicated that these issues can be addessed through Charter changes, through present procedures, and through consultations with the Department's Environmental Health Bureau.

Action Taken: The Commission adopted Resolution #9-92, (Attachment A), which adopts the Department of Public Health's regulations for issuance of Federal Facility Refuse Collection Permits.

A copy of the final regulations is available from the Commission Office (554-2666).

6) OTHER BUSINESS/PUBLIC COMMENTS

Public Comments: John Ehrlich

8) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION".

This item was postponed to a future meeting.

AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54956.9, "POTENTIAL LITIGATION".

After coming out of Executive Session, the Commission adjourned at 4:45 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

Attachment

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 9-92

## RESOLUTION TO ADOPT REGULATIONS FOR ISSUANCE OF FEDERAL FACILITY REFUSE COLLECTION PERMITS

WHEREAS, the San Francisco Charter, Appendix A, provides for the collection and disposition of refuse within the City; and,

WHEREAS, the Director of Public Health is mandated to issue a permit to all refuse haulers and transporters as provided in the Charter; and,

WHEREAS, in order to comply with State requirements, accomplish the City's waste diversion goals, support the City's Waste Acceptance Control Program, and conform to the special circumstances surrounding the need for refuse collection permits for federal facilities, the Department of Public Health, following a public workshop, developed regulations for the issuance of these permits; now, therefore, be it

RESOLVED, that the San Francisco Health Commission, in accordance with Section 3.500 of the City Charter, adopts the Regulations for Issuance of Federal Facility Refuse Collection Permits proposed by the Department of Public Health.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, August 11, 1992.

Sandy Ouye Mori

Sandy Ouye Mori
Secretary to the Health Commission

ATTACHMENT A

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO

**Frank M. Jordan, Mayor**

**Department of Public Health**

Agenda

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

# MEMORANDUM

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**Date:** July 20, 1992

**To:** Health Care Advocates and Interested Parties

**From:** Patricia Underwood, R.N., D.N.Sc.
President of the Health Commission

**Subject:** Proposed Resolution on Principles for Health System Reform.

Attached is a proposed resolution which will be considerd by the Health Commission on September 15, 1992. The Health Commission will hold a public hearing on September 1, 1992. (You will receive a notice prior to making a decision). The Commission invites interested parties to testify at the public hearing on this important subject.

If you have any questions, please call staff person, Sandy Mori, at 554-2666..

Attachment

DRAFT

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. _____

RESOLUTION ENDORSING PRINCIPLES FOR HEALTH SYSTEM REFORM FOR THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

WHEREAS, there is an acknowledged crisis of cost and access in the current health care system -- 37 million Americans have no health care insurance, an additional 15 to 30 million have inadequate insurance, and health care costs account for 12% of the GNP; and

WHEREAS, the San Francisco Department of Public Health seeks to promote the health and well-being of all San Franciscans by providing a continuum of health care services, health promotion and disease prevention, as well as planning and promoting sound public policies for public health and health care delivery; and

WHEREAS, as the primary provider of care to San Francisco's growing uninsured and underinsured populations, the Department of Public Health has a critical interest in the development of proposals for reform of the health system; and

WHEREAS, many members of Congress as well as the California State Legislature are drafting health care reform legislation which would specifically affect SFDPH's services and the population of the City and County of San Francisco;

Now, therefore, be it

RESOLVED, that the Health Commission endorse the following principles to serve as a guide in developing and evaluating policy proposals to reform the current health care system; and be it

FURTHER RESOLVED, that the Health Commission directs the Director of Public Health to advocate for these principles and participate in developing policies for health care reform at the State and Federal level.

1) **Universal coverage:** Health system reform must guarantee health care as a right, not a privilege, with universal coverage and access for all people who live in California and in the United States. While incremental improvements may be necessary, the goal of any plan must be universal access for all.

2) **Role of public health departments and public sector providers:** Public health departments provide essential population-focused health promotion and disease prevention services that are not typically included as part of individual health care benefits through insurance coverage. Examples of these services include disease control, health education, public health nursing services, disaster planning, emergency medical services, and environmental protection services. These services must be recognized and adequately funded in any health reform plan.

Even under the most comprehensive national plan, public sector providers will be essential to any health care delivery system. This is for at least three reasons: First, the public sector must always be ready to respond to health care crises, such as the AIDS epidemic. Second, the public sector must be available to provide services to those who do not have access to other providers. Finally,

there will always be individuals who fall through the cracks of any so-called comprehensive plan. SFDPH believes it is absolutely essential to provide access for persons who are not able to receive appropriate health care service in other ways through the preservation of a strong and well-financed institutional safety net.

3) **Comprehensive benefits:** There must be a guaranteed broad-based benefit package that emphasizes coordinated preventive and primary care services for individuals. Covered services must include disease prevention and health promotion programs. The plan should also include specified programs currently provided by public health departments, including mental health, family planning, long-term care, and substance abuse services.

4) **Payment mechanism:** There must be a uniform payment rate for all patients for comparable services, with the costs of medical education and education for other health professions considered explicitly.

5) **Cost containment:** Health reform must include a package of cost containment measures to control operating and capital expenses because excess costs ultimately limit access to services. These measures should be based on appropriate regulatory provisions and should cover all components of the health system, without creating barriers to appropriate care. Appropriate cost controls include evaluations of technology and procedures, utilization of the most appropriate procedures at the most appropriate level of care, resource planning for distribution of capital and medical technology, and global budgeting.

6) **Financing:** Health reform must recognize that individuals in society ultimately will pay for the financing of any health system. The health system should be financed through a combination of progressive financing mechanisms that could include tax incentives, broad-based taxes, premium base approaches and reasonable co-payments.

7) **Quality assurance:** There must be mechanisms and safeguards to ensure effective and efficient organization of services and high quality care. Mechanisms should include a process of appeal to ensure that patient rights are respected.

8. **Development of health workforce:** Comprehensive health system reform must include support for the education and training of health care workers to ensure: (1) adequate financing, (2) appropriate supply and distribution of workers, geographically and across specialties, and (3) affirmative action to reach the goal of appropriate representation of all cultural and ethnic minorities in the health care workforce.

9. **Reform of current private insurance marketplace:** Any plan that continues to rely on the private insurance market must make the following reforms: (1) reinstatement of community rating, (2) guaranteed issuance and guaranteed renewability, (3) elimination of pre-existing conditions limitation, (4) fraud control, and (5) affordability. Reform should also eliminate the duplicative administrative costs of a multi-payor, multi-eligibility system.

10. **Ongoing planning and evaluation with consumers, communities and providers:** To ensure accountability to providers and consumer communities, there must be mechanisms to ensure ongoing planning and evaluation of the system.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

# AGENDA

## HEALTH COMMISSION MEETING

September 1, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

AUG 27 1992

SAN FRANCISCO

**THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.**

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 11, 1992

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) CPHS - Homeless Program - Request to apply for, accept and expend a continuation grant in the amount of $100,000 from Comic Relief to provide health services to homeless residents of San Francisco for the period of July 1, 1992 to April 30, 1993.

(3.2) CPHS - Family Health, WIC - Request to accept and expend a continuation grant in the amount of $1,384,872 from the California Department of Health Services to provide continuation of WIC services for the period of October 1, 1992 to September 30, 1993.

(3.3) CPHS - Administration - Reconsideration of contract with California Children's Home, Inc. to provide residential care services to crack-cocaine addicted pregnant women. (DPH contracted with California Children's Home for services totaling $70,437 in FY 1991-92.)

(3.4) C.O. - AIDS Office - Request to accept and expend a continuation grant in the amount of $1,444,565 from the Centers for Disease Control, to continue the epidemiologic study of the natural history of HIV/AIDS and HIV incidence in homosexual/bisexual men recruited from the San Francisco STD clinic, for the period of November 1, 1992 to October 31, 1993.

(3.5) C.O. - AIDS Office - Request to apply for, accept and expend a continuation grant in the amount of $470,440 from the Centers for Disease Control for the evaluation and enhancement of HIV/AIDS prevention street and community outreach programs that serve youth in high-risk situations (SCOPE Project), for the period of October 1, 1992 to September 30, 1993.

(3.6) SFGH - Nursing - Renewal contract with Catalyst Systems in the amount not-to-exceed $75,000 to develop and implement a new Patient Classification System at San Francisco General Hospital for the period of September 1, 1992 through August 31, 1993. (DPH contracted with Catalyst Systems for services totaling $26,200 in FY 1991-92.)

(3.7) SFGH - Finance - Request for sole source approval and modification of contract with HHL Financial Services to extend the term for three months to provide uncompensated care recovery services for the period of October 1, 1992 through December 31, 1992. Cost of providing services is 25% of collections. (DPH contracted with HHL Financial Services for services totaling $825,147 in FY 1991-92.)

(3.8) SFGH - Finance - Sole source request and renewal of contract with Health Management Systems, Inc. to provide retroactive claims reprocessing services for the period of July 1, 1992 through June 30, 1994. Cost of providing services is 25% and 17.5% of collections. (DPH contracted with Health Management Systems, Inc. for services totaling $2,135,000 in FY 1991-92.)

(3.9) Update on Contracting.

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

5) PRESENTATION ON THE CENTER FOR POSITIVE CARE AND LINKAGES TO HIV PRIMARY MEDICAL CARE

6) DISCUSSION OF THE FINDINGS AND RECOMMENDATIONS FROM THE MAYOR'S FISCAL ADVISORY COMMITTEE REPORT ON HEALTH AND HOSPITAL SERVICES AND THE DEPARTMENT OF PUBLIC HEALTH'S COMMENTS TO THE REPORT

7) TIME SPECIFIC 4:15 P.M.: HEARING ON PROPOSED PRINCIPLES FOR NATIONAL HEALTH SYSTEM REFORM

8) OTHER BUSINESS/PUBLIC COMMENTS*

9) EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION"

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
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Arthur M. Jackson
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Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO

**Frank M. Jordan, Mayor**

**Department of Public Health**

Raymond J. Baxter, Ph.D.
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Secretary

TEL: (415) 554-2666

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# MINUTES OF THE HEALTH COMMISSION MEETING

**Tuesday, September 1, 1992**
**3:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N., D.N.Sc., at 3:00 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 11, 1992

Action Taken: The Commission adopted the minutes of August 11, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) CPHS - Homeless Program - Request to apply for, accept and expend a continuation grant in the amount of $100,000 from Comic Relief to provide health services to homeless residents of San Francisco for the period of July 1, 1992 to April 30, 1993.

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(3.3) CPHS - Administration - Reconsideration of contract with California Children's Home, Inc. to provide residential care services to crack-cocaine addicted pregnant women. (DPH contracted with California Children's Home for services totaling $70,437. in FY 1991-92.)

The Commission accepted the recommendations from Flo Stroud, Senior Deputy Director of Community Programs, as follows:

a) to release the remaining funds of $50,312.50 for FY 1991-92.

b) to refer the ongoing monitoring of this contract to the Joint Conference Committee on Community Public Health, AIDS, and EMS, with the first review to be done in October;

c) to come back to the Commission after this review with a recommendation for FY 1992-93.

The Vice President of the Board of Directors for California Children's Home, Carl Smith, assured the Commission that the Board will take a more active role in monitoring fiscal management of the agency.

Commissioner Chow Expressed his concern that a contractor got into this situation. Ms. Stroud indicated closer monitoring of this contract was needed.

Public Speaker: Mel Miles.

(3.4) C.O. - AIDS Office - Request to accept and expend a continuation grant in the amount of $1,444,565 from the Centers for Disease Control, to continue the epidemiologic study of the natural history of HIV/AIDS and HIV incidence in homosexual/bisexual men recruited from the San Francisco STD clinic, for the period of November 1, 1992 to October 31, 1993.

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Commissioner Ludington expressed his vehement opposition to confidential methods - he supports only anonymous methods. To be assured that anonimity prevails, Commissioner Ludington requested that a letter expressing concerns on the anonimity of participants be sent to the IRB (Research Board). Commissioner Ludington requested a copy of the letter and a copy of the application for this grant.

(3.6) SFGH - Nursing - Renewal contract with Catalyst Systems in the amount not-to-exceed $75,000 to develop and implement a new Patient Classification System at San Francisco General Hospital for the period of September 1, 1992 through August 31, 1993. (DPH contracted with Catalyst Systems for services totaling $26,200 in FY 1991-92.)

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(3.9) Update on Contracting.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

President Underwood announced the following credentialing actions by Dr. Raymond Baxter, as a designee of the Health Commission set forth in the Bylaws and Rules and Regulations of the Medical Staff of SFGH:

During the period June 1992-July 1992:

| | |
|---|---|
| Appointments to the Active Staff: | 2 |
| Reappointments to the Active Staff: | 21 |
| Appointments to the Courtesy Staff: | 8 |
| Reappointments to the Courtesy Staff: | 37 |
| Appointments to the Affiliated Staff: | 0 |
| Reappointments to the Affiliated Staff: | 5 |

During the period August 1992:

| | |
|---|---|
| Appointments to the Active Staff: | 1 |
| Reappointments to the Active Staff: | 9 |
| Appointments to the Courtesy Staff: | 3 |
| Reappointments to the Courtesy Staff: | 14 |
| Appointments to the Affiliated Staff: | 2 |
| Reappointments to the Affiliated Staff: | 1 |

For Laguna Honda Hospital, Dr. Baxter approved medical staff applications for 7 individuals on August 28, 1992.

On behalf of the Commission, President Underwood made special presentations to Naomi Gray and Richard Sanchez, two of the original Health Commissioners, and Brenda Lauer, Nursing Director at SFGH. Each Commissioner said words of appreciation; and each honoree also expressed their appreciation to the Commission.

**4) DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

STATE BUDGET UPDATE

- Effects of Proposed Health Cuts: As of today, there is still no State budget. Yesterday, the Assembly refused to concur with the Senate's trailer bills on education and local government and passed their own versions which contained lower reductions for both local government and education which the Governor vetoed. The Legislature is scheduled to reconvene today at 4 p.m. Assuming the Senate and Assembly concur on a mid-way point between their reductions and there is a reduction to counties of $550 million statewide, San Francisco stands to lose between $49 - $55 million State general fund support.

Relatively speaking, health programs were not deeply cut. At this point, health specific cuts to San Francisco range from $2.5 - $4 million. This will result in service reductions. The cuts are highlighted below:

- the source of the proposed redirection of Proposition 99 funds is not yet clear. The total reduction in CHIP Proposition 99 funds to San Francisco from last year could be as much as $2.6 million, including $1.5 to $1.7 million in mental health funds and $850,000 for SFGH.

- Medi-Cal rates were reduced by 9.5% for anesthesiology, surgical services and radiology;

- funding for Regional Poison Control Centers appears to have been cut (impact on SFDPH: $230,000);

- State's share of SB 855 funds was increased by $28 million, which will result in at most a small reduction to San Francisco, as the entire SB 855 program is $1.6 billion statewide;

- Medi-Cal services to aliens were restricted to more narrowly defined emergency services;

- Medi-Cal prescription drugs were limited to 10 per month per patient, with TARS required for additional prescriptions;

- Medi-Cal managed care program was expanded, and the default was moved up one year, to January 1, 1993 for the State Department of Health Services to assign beneficiaries to managed care plans within counties;

- changes were made to the Beilenson provisions: the requirement that counties provide a standard of health care comparable to the community standard was removed. Proposition 99 financial maintenance of effort provisions were decreased by 7%, and requirements that counties maintain eligibility, scope of benefits, and outpatient visits to the November 1989 level were repealed;

Clean-up for the realignment legislation was not passed during this legislative session; some type of clean-up legislation is anticipated in the next session.

Last, it should be noted that this reflects preliminary analysis of key trailer bills. There are cuts to State-level health and welfare agencies in the budget bill, as well as other reductions that may affect public health departments. The Department will be analyzing the entire budget bill for its impact on San Francisco.

President Underwood reported that Commissioner Rosenstiel, Commissioner Jackson, Ray Baxter, and she will meet with the Mayor Wednesday, September 2, 1992 to discuss the impact of the State budget. She is expecting more budget cuts to the Department and would like to have a special Health Commission meeting tentatively scheduled for Thursday, September 10, 1992 at 3:00 p.m.

**(Note: the Special Heath Commission meeting will be Friday, September 11, 1992 at 3:00 p.m.)**

UPDATE ON SFDPH SPONSORED LEGISLATION

- Needle Exchange Pilot: AB 2525 (authored by Speaker Brown) and SB 1418 (authored by Senator Diane Watson), identical bills that authorize pilot needle exchange programs, have passed both houses of the legislature and the legislation is on the Governor's desk. DPH is working closely with the co-sponsors of the bill, the San Francisco AIDS Foundation, as well as the Mayor's Office, to assemble a wide base of support. The Governor can take one of three actions: he can allow the bill to become law without his signature; he can sign the bill into law; or he can veto the bill. The Department of Public Health acknowledges the hard, committed work of the co-sponsors, the AIDS Foundation, the Mayor, the Board of Supervisors, and the Health Commission, as well as many individuals who worked tirelessly to ensure the passage of the Health Commission-approved needle exchange legislation.

- Poison Control: AB 3103 (Lloyd Connelly) successfully passed both houses of the legislature and has been sent to the Governor's desk. This bill would replace state funding for Poison Control Centers through assessing fines on manufacturers of materials responsible for generating calls to Poison Control Centers. It now appears that the Governor will cut all State general fund support for Poison Control Centers. The Department will continue to work closely with Tom Kearney, Director of the SF Bay Regional Poison Control Center at SFGH, to coordinate support for the Poison Control Centers. Tom Kearney, working closely with the bill's author, overcame tremendous opposition and successfully worked the bill through the legislature. It has been an extraordinary effort.

AIDS OFFICE

- Fifth National AIDS Update Conference: The annual National AIDS Update Conference will take place on October 6 - 10, 1992 in the Civic Auditorium. Dr. Mary Pittman, President and CEO of California Association of Public Hospital and I will serve as co-chairs for the largest HIV/AIDS meeting in the U.S. Members of the Health Commission will be invited to attend.

  This year's theme is "Integrating HIV/AIDS: A Shared Responsibility" and the conference will focus on the state of HIV/AIDS care in America, and urge its integration into mainstream, primary medical care and social services. The conference is co-sponsored by a consortium of over 20 national and local organizations.

SAN FRANCISCO GENERAL HOSPITAL

- Interim Parking Plan: In order to accommodate the parking spaces displaced by the forthcoming construction of the Mental Health Skilled Nursing Facility, an interim parking plan has been developed by the Hospital Employee Parking Committee.

  As of Sunday, August 29, parking at SFGH is as follows:

  - Patient and visitor parking - Lot "C" (outside E.R);
  - Official hospital business parking - Lot "B" (i.e., Trauma on-call, ambulances, security and Sheriff, volunteer physicians;
  - Car/van pool parking - Lot "I";
  - Handicapped parking - Lots "B" and "I";
  - Paid reserved parking - Lot "A";

- First come employee parking in all other on-campus areas, and
- Free satellite parking and shuttle services at the UCSF lot on 17th and Folsom Streets.

- Plans are also in progress for an 800 space garage that is projected to be completed in June 1994.

- Ride-Share Program: as a result of the interim parking plan, the ride-share program at SFGH has increased. Presently, there are 85 new participants in the ride-share program.

- Mental Health Skilled Nursing Facility Construction: on August 31, the Amoroso Construction Company took possession of the work-site for the Mental Health Skilled Nursing Facility. Contractor mobilization has begun including bringing construction trailers on site. The date for the groundbreaking ceremony will be announced shortly.

- Hospital Diversion: the Emergency Medical Service Agency (EMS) reports that critical care diversion for SFGH for the first two weeks of August remained consistently high at 33.8%. Richard Cordova and I are scheduled to meet with the Westbay Hospitals, SF Section representatives on September 9th.

- 12th Annual Employee Recognition Banquet: the hospital's Annual Employee Recognition Banquet is scheduled for Friday, September 25 at 6 p.m. in the hospital cafeteria. The Commission is invited to this annual event recognizing SFGH employees.

LAGUNA HONDA HOSPITAL

- Annual Licensing & Certification (L&C) Survey: Laguna Honda has received a written list of deficiencies on the annual survey from the State Department of Health Services (DHS), Licensure and Certification Division. The survey was conducted by 22 evaluators over thirteen days in July. DHS requires a plan of action to be submitted by the facility within 10 days indicating corrective actions that were taken or will be taken by September 28, 1992.

  The survey focused on the new OBRA regulations for skilled nursing facilities and on certification in the Medicare and Medi-Cal programs for both the general acute hospital and the distinct-part skilled nursing facility. Although three class B level citations were received, all being appealed, the facility was found to be in compliance for Medicare and Medi-Cal reimbursement program participation.

  Overall, the hospital received compliments from L&C on the quality of care provided to the residents of Laguna Honda Hospital.

- Special Educational Program: Laguna Honda Hospital and Rehabilitation Center's Nursing Department is sponsoring a free special educational program "Caring for a Dependent Adult at Home - Part II" on Saturday, October 3 in Gerald Simon Theatre. The general public of persons caring for dependent adults at home, as well as hospital staff and volunteers, are invited to attend.

Participants will receive information to assist them to better care for dependent adults in the community. Although focused on the home setting, the program may also improve the understanding of resident care in a nursing facility.

- 125th Anniversary Party: the hospital will celebrate its 125 anniversary by having an outdoor invitational chili cook-off party featuring contestants from various emergency services and programs in the City.

COMMUNITY PUBLIC HEALTH SERVICES

- Children's Smoke-Free Poster and Slogan Contest: On Friday, August 21, Health Center #4 held a press conference and awards ceremony to announce the winners of two Chinatown children's smoke-free contests. Over 120 children, adults, DPH and community representatives were present, as well as English and Chinese media representatives. I commended the Chinese community for their participation in this major public health effort to create a healthier Chinatown environment.

  The goals of the Smoke-Free Poster and Slogan Contest were to increase awareness among the public on the hazards of smoking, consequences of second-hand smoke and the advantages of a smoke-free society. More than 160 children's posters and 372 slogans were received from over 20 public and private elementary schools.

  Twelve winning posters will be made into a 1992 children's calendar, one poster will be featured on outdoor billboard and Muni bus advertisements. The posters will be on display at the Chinese Culture Center from September 17 to 19. Ms. Lei-Chun Fung, Health Educator for Health Center #4 organized the competition.

- Wedge Program: Nancy Evans, Program Director of the Wedge Program for the past four years, resigned effective August 31. The Wedge Program places speakers with HIV to talk about AIDS and HIV with high school students, out-of school high risk youth, and middle school students and their parents. Under Ms. Evans leadership, the program reached approximately 4,000-5,000 youth per year.

BUREAU OF TOXICS, HEALTH, AND SAFETY SERVICES

- Shell Oil Remediation Project: In response to neighborhood concerns about the potential health effects of a soil remediation project being undertaken by Shell Oil on a site at Fell and Stanyan Streets, a community meeting was recently held at St. Mary's Hospital. Members of the Board of Supervisors participated, as well as representatives from Shell Oil, the Bay Area Air Quality Management District, and the Regional Water Quality Control Board. Staff from the Department of Public Health's Bureau of Toxics, Health, and Safety Services spoke about the roles and responsibilities of the various regulatory agencies involved in the project.

  Neighborhood residents are concerned about the potential for release of air emissions and excessive noise levels during the clean-up process. The method being proposed by Shell Oil is a "gas vapor extraction system" which draws volatilized gas vapor from the subsurface to the surface and passes the vapors into a catalytic oxidizer unit. The products produced as a result of the oxidation process are carbon dioxide and water.

Shell representatives compared the amount of emission that will be released into the atmosphere to less than the emission that one 1992 automobile produces during the same time period. The work plan for the remediation project was reviewed by the Regional Water Quality Control Board and a permit has been granted by the Bay Area Air Quality Managment District.

During the community meeting, Shell Oil agreed to an initial test period with frequent evaluation of the process. Supervisors Shelley, Gonzalez, and Hallinan assured the community that Shell would not be allowed to proceed with the clean-up until all of their concerns were addressed.

Yesterday, at the Board of Supervisors, Supervisor Hallinan introduced an emergency resolution establishing a committee, appointed by the Director of Health, including representatives from the community, DPH, and Shell Oil to select a third party consultant to conduct further tests to assess the risks of the clean-up and determine the appropriate method of remediation. I was present in support of the resolution. The resolution was approved unanimously.

ADMINISTRATION

- Legislative Planner: Yesterday, was the last day of the legislative session and Jean Nudelman's last day with the Health Department. Jean has been the Department's legislative planner for the past two and one-half years. During that time, she has been instrumental in developing and monitoring the Health Department's yearly legislative agenda. Working with the City's former lobbyist, Jean wrote and was closely involved in the passage of SB 910, legislation that allows counties to bring in federal financial participation for case management services through Medi-Cal. She has also been closely involved in the Department-sponsored legislation for funding for Poison Control Centers and approval of the needle exchange legislation.

  Jean will be joining Northern California Region, Kaiser Permanente as Assistant Director of Community and Government Relations. Jean's committment and success in advocating for public health issues on behalf of the San Franciscans will be sorely missed. We wish her every success in her new position.

- Women's Health Advisory Committee: The DPH Women's Health Advisory Committee held its first meeting on August 20. The meeting was primarily organizational, with twenty of the twenty-five member committee present. I delivered the charge to the Committee. Commissioner Margel Kaufman conveyed the importance of their tasks to the Committee. Supervisor Willie B. Kennedy also attended as did Commissioners from Social Services, Aging, and the Commission on the Status of Women.

  This diverse and broad-based group engaged in a lively discussion of the Commission's proposed resolution on universal health insurance and considered how they will structure themselves in order to best advise the Department of Public Health on health issues affecting San Francisco women.

- New School Superintendent: Last week, I had a very positive meeting with Waldemar Rojas, the new Superintendent of Public Schools to discuss collaboration on an array of joint DPH and SFUSD programs. I am looking forward to working with Mr. Rojas.

- TB Forum: Tomorrow evening, September 2, a Tuberculosis Forum, jointly sponsored by the Department of Public Health and the San Francisco Medical Society will be held in this auditorium, from 5 to 7:30 pm. This community forum is intended for the lay public. A follow-up forum is planned for medical professionals at the end of October.

  A panel of medical experts will discuss tuberculosis, its resurgence in American cities, TB epidemiology, environmental controls, and public and occupational risks. The discussion will include a special emphasis on the risk of TB and multiple drug resistant TB (MDR-TB) to immuno-compromised persons. After the brief presentation, the panel will answer questions from the audience.

  The medical panel will include:

  Dr. Edward Chow, Health Commissioner and internist at Chinese Hospital
  Dr. Gisella Schecter, Director of TB Control Program, DPH
  Dr. Linda Hawes Clever, Occupational Medical Specialist, California Pacific Medical Center
  Dr. Henry Chambers, Chief of Infectious Disease Service, SFGH
  Dr. William Charney, Director of Environmental and Safety Services, SFGH

- Managed Care: The State Department of Health Services, the Legislature, and the Governor's Office have developed managed care proposals to achieve significant Medi-Cal savings, estimated from $75 -$100 million in FY 92-93. The proposals contain a range of models to implement managed care, including: expanding existing Primary Care Case Management (PCCM) networks; developing a modified PCCM contract; expanding Prepaid Health Plan contracts; developing a new Primary Care Provider Enrollment Program with fee-for-service (FFS).

  Counties are being asked to indicate their willingness to undertake some form of managed care program within 18-24 months. The San Francisco Department of Public Health is exploring viable options in designing a managed care pilot project that can be implemented by June 30, 1993.

  A preliminary planning process is underway. I am working with Executive Staff to develop a committee structure, and to define the scope of work for a managed care consultant. The next few months will be devoted to conducting market share research on Medi-Cal client distribution in San Francisco, identifying MIS requirements for the data needed to track cost/utilization, uncovering any operational obstacles or opportunities, and identifying available outside resources to assist us in implementing a pilot project. I will keep the Commission informed of our progress.

- Presidio/Letterman Hospital: Recently I wrote to Colonel Charles Pamplin, chair of the Base Closure and Realignment Office of the Letterman Army Hospital requesting an update and clarification of the downsizing of Letterman operations so that the impact of any potential changes in the City's emergency medical services can be anticipated.

  Currently it our understanding that Letterman has been operating as a hospital without emergency room services and patients are taken to the acute care clinic and evaluated by emergency physicians to determine if transport is needed to another San Francisco hospital. Presumably, this procedure will change if Letterman services are further reduced.

- Family Mosaic Project: The Department has been informed by the State Department of Mental Health that San Francisco has received an additional two-year grant from the Robert Wood Johnson Foundation for the innovative Family Mosaic Project. This is the final phase of a five-year grant to provide comprehensive services to emotionally disturbed children and their families.

  The Family Mosaic Project provides integrated services through a collaborative effort with the Department of Social Services, Juvenile Probation, and the School District, with the Health Department as the lead agency.

- S.F. Urban Fair: The Health Department will be participating in the Urban Fair in the Civic Center during the Labor Day Weekend. The Department will host three booths in the DPH tent which will be located on the Polk Street sidewalk. The DPH tent will include information regarding the paramedic service, tobacco control, STD health education, and community public health services. The Friends of the Department of Public Health will assist in distributing information regarding the services provided by DPH.

JULY STATISTICS

- AIDS Statistics (from 7/1/81 to 7/31/92)

| | |
|---|---|
| Total San Francisco cases: | 12,738 |
| Total San Francisco deaths: | 9,303 |
| Total S.F. cases for June: | 157 |
| Total S.F. deaths for June: | 125 |

- San Francisco General Hospital

Inpatient

| | |
|---|---|
| Average Daily Census (except newborns): | 322 |
| Newborn Nursery: | 22 |
| Actual Patient Days (except newborns): | 9,982 |
| Newborn Nursery: | 685 |
| Average Length of Stay (except newborns): | 7 |
| Newborn Nursery: | 4 |
| Discharge Patient Days (except newborns): | 10,545 |
| Newborn Nursery: | 677 |
| Discharges (except newborns): | 1,485 |
| Newborn Nursery: | 207 |

- Laguna Honda Hospital

| | |
|---|---|
| Average Daily Census: | 1,068 |
| Acute Med/Surg: | 2 |
| Acute Rehab: | 2 |
| Clarendon Hall: | 168 |
| AIDS SNF: | 9 |

- Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: | 80 |
| (17 beds for sub-acute/med. complex care) | |
| Community Acute Psychiatric Beds: | 6 |

- CPHS - Primary Care Visits for Health Centers

| | |
|---|---|
| Health Center #1: | 1,202 |
| Health Center #2: | 270 |
| Health Center #3: | 663 |
| Health Center #4: | 1,034 |
| Health Center #5: | 921 |
| Tom Waddell Clinic: | 3,255 |
| Potrero Hill Health Center: | 479 |
| Southeast Health Center: | 736 |
| Special Programs for Youth: | 14,510 |
| Total Visits | 23,070 |

Disease Control

| | |
|---|---|
| TB Clinic: | 2,194 |
| City Clinic: | 2,268 |

All monthly statistics for August will be reported at the next meeting of the Health Commission on September 15.

**5) PRESENTATION ON THE CENTER FOR POSITIVE CARE AND LINKAGES TO HIV PRIMARY MEDICAL CARE**

Dr. Sandra Hernandez, Director of the AIDS Office, reported that a comprehensive review has been done on the Center for Positive Care (CPC) services and agencies with whom the Department contracted as a part of this new model of early intervention service delivery. She provided the historical background of CPC, the site selection and development, the linkages to medical services, and the contract monitorings. The Department's conclusions were submitted as follows:

In restrospect, the success of this new service delivery model was significantly hampered by a relative underfunding of outreach and a lack of a common set of rules and requirements for which all agencies within the Center would comply notwithstanding their specific contractual obligations for service deliverables. No agency had adequate authority within its contract to assure the Center would function as a whole. Thus, while the real potential for interagency collaboration exists at the Center, the fragmentation and competition seen in the decentralized service delivery system was inadvertently perpetuated within the CPC.

The Department believes that with major modifications the Center has the potential of meeting its original objectives. These modifications include reallocating funding to support client outreach, consolidating service contracts and program service areas, discontinuing the site administration contract entirely, and having the Department assume direct coordination and site administration at the Center. The Department will continue to monitor Center utilization and service quality closely, making modifications as indicated by our findings.

The Department made the following recommendations:

The Department strongly believes that the S.F. Model of Care is overly decentralized and that consolidations need to be encouraged and infrastructure duplications need to be eliminated in order to maximize existing resources. The CPC is the first attempt at achieving this important change. While it has met with more challenges than successes to date and has not yielded any cost efficiencies, the Department believes that the Center has begun to fill an important service gap and has the capability to achieve its other objectives with some major contractual and organizational modifications.

1) The Center should continue to focus its outreach activities on underserved, disenfranchised HIV-infected populations who have historically been underserved by the decentralized service delivery model. This specifically includes: gay men of color, bisexual men, IDU's, women, gay and other high risk youth, and homeless individuals. It will continue to emphasize multilingual and multicultural service delivery. Outreach activities will focus on individual potential clients.

2) Services should be merged and consolidated into four program contracts including:

    Outreach (Cal-Pep)
    Service Coordination (TBD-National Task Force/AHP)
    Health Education (G-CHP)
    Substance abuse consultation, referral and training
    (18th Street Services)

3) No part-time positions should be funded. All staff will be full-time staff of the CPC.

4) The Health Department will take the primary responsibility for on-site administration, facility maintenance, contractor coordination/contract compliance, training, technical assistance, quality assurance, consistency of service provision, and staffing of the Community Advisory Board (CAB).

5) The Department will actively seek to relocate the Center. This relocation will identify a site with the following requirements: no capital improvement costs, directly on or close to a Muni line, minimal or no rental costs, and if possible, closer physical accessibility of medical services for clients. Ideally, this relocation would involve a partnership between the SFDPH and the private sector. We anticipate relocating the Center no sooner than July 1993.

6) The Community Advisory Board will take an active role in private fundraising, thereby actively supporting the goal of reducing the Center's dependance on City General Fund dollars. The CAB will be expanded to include one member of each contract agency's Board of Directors.

7) All contract agencies will commit to private fundraising on behalf of the Center as a requirement of the CPC contract. This will be reflected by requiring each contract agency to contribute private funds, equivalent to 5% of the value of their contract, to hire a grant writer who will work full time for the CPC.

8) Primary medical care services should continue to be expanded in the existing DPH health care delivery system. The CPC should continue to provide on-site HIV antibody testing, medical referral, and linkage via the service coordination contract and a DPH HIV patient referral coordinator. T-Cell subset testing should be added to the Center for clients who have had no prior immune screening. This additional service will be provided by a DPH nurse practitioner experienced in HIV disease. Grant funding has been approved in the CDC early intervention grant for this new component.

Clients will receive counseling and medical referral into a primary care clinic if upon intake they are found not to have a regular source of medical care or prior HIV staging. This will facilitate appropriate referral into continuity medical care. No medical records will be maintained at the CPC.

Dr. Baxter emphasized the focus on a model of collaboration, keeping in mind the shrinking resources.

Commissioner Chow commended the Department on a logical and reasonable comprehensive review of CPC.

Commissioner Ludington voiced his concern that it would be erroneous to relocate the site and that the present site is accessible to public transportation.

President Underwood suggested that it would be premature to act on these recommendations today and encouraged the Commission to consider these recommendations after the Department finds out its State budget impact.

7) TIME SPECIFIC 4:15 P.M.: HEARING ON PROPOSED PRINCIPLES FOR NATIONAL HEALTH SYSTEM REFORM (Attachment A)

President Underwood stated that the Commission and the Department see the importance of providing a public forum to receive information on health system reform and to provide an opportunity for the citizens of San Francisco to have input into the principles for national Health system reform. The Department staff will review the public input and bring back to the Commission on October 20, 1992 a final proposed resolution for consideration.

Dr. Baxter reported the following:

Over the last three months, the Department has been distributing the proposed principles for health system reform for comment and collecting and synthesizing all the input the Department has received. The principles were broadly distributed to the public and the Department's various advisory groups.

We received specific feedback from several of our major advisory boards including:

- Ad Hoc Budget Committee
- Mental Health Advisory Board
- City-Wide Alcoholism Advisory Board
- Drug Abuse Advisory Board
- Women's Health Advisory Committee
- AIDS Advisory Committee

Other groups we received input from include: the Hospital Council, San Francisco Section; the San Francisco Community Clinic Consortium; and the Region 12 Golden Gate Nurses Association.

In general, the principles have been favorably received. Dr. Baxter reported that broad areas of comments included cultural competency, the promotion of community-based healthcare and the area of payment mechanisms.

Public Speakers: John S. Ehrlich
John Gressman, S.F. Community Clinic Consortium
Nathan Nayman, Hospital Council
Vera Haile, North of Market Senior Services
Geraldine Earp, Senior Action Network
Clarissa Ward, Senior Action Network
Edward Nossoff, Senior Action Network
Irma Fromm, S.F. YMCA Senior Advisory Council
David D. Lewis, Act-Up Golden Gate

Written testimony also came in from the NICOS Chinese Health Coalition, and the Maternal and Child Health Advisory Board.

Comments from Commissioners:

- there is a need to focus on how to pay for universal access.
- there should be an emphasis on children, preventive care, nutrition, and physical fitness.
- it is an important role for the Commission to hear a local perspective where care is being given.
- long-term care should be included.
- culturally-sensitive care and community clinics should be emphasized.
- there should be open communication with diverse groups.
- cost containment needs to be closely tied to the principles.
- medical research should be inclusive (i.e. - women and minorities).
- evaluation on the effectiveness of programs is needed.
- grassroots advocacy is vital to influence policy decisions.
- the critical mass can make a difference.
- all of the workforce needs training on being culturally-sensitive.

**6) DISCUSSION OF THE FINDINGS AND RECOMMENDATIONS FROM THE MAYOR'S FISCAL ADVISORY COMMITTEE (MFAC) REPORT ON HEALTH AND HOSPITAL SERVICES AND THE DEPARTMENT OF PUBLIC HEALTH'S COMMENTS TO THE REPORT**

Vice President, Co-chair of the MFAC Health Team, gave the history and background on the formation and objectives of MFAC. In 1990, former Mayor Art Agnos asked MFAC to examine the levels of City expenditures and assess long-term costs and revenue trends for the City's budget. The Health Department worked closely with the MFAC Health Team to provide extensive financial and programmatic data and some analysis. Dr. Baxter, the Department's executive staff and the fiscal, planning and operational managers of each division met regularly with MFAC team members over the course of the last year and a half, analyzing most of the MFAC's findings and providing extensive support to assure the success of this effort.

Dr. Baxter reported that it is in this continued spirit of cooperation that the Health Department is assessing the **Executive Summary of the Task Force on Long Term Cost and Revenue Trends**. Since its release in July, this summary has received extensive press coverage. While the report covers over 50 policy recommendations, much of the press coverage has focused on findings related to the City's high expenditures for health services, with the implication that these are indicative of the inefficiencies in the Department. In this light, it is important to reiterate the MFAC summary, which clearly states: "While San Francisco's demographic base is weighted toward those needing City/County health

services, we have made a policy of providing more service, even if those demographics are taken into account." The City has a long tradition of making access to health care services a citywide priority.

Dr. Baxter emphasized the importance of focusing on the policy recommendation and that the Commission and the Department would like to confirm what MFAC is stating. The overall thrust of the MFAC findings is that San Francisco spends more money per capita on health than other counties in the state, and that that level of spending is primarily driven by policy choices to provide higher levels of services. This finding is consistent with expenditures for other San Francisco services such as police services and Muni services. Higher levels of spending in the Department of Public Health area also driven by demographic factors, such as larger numbers of uninsured and larger number of seriously mentally ill, and by higher costs, particularly in mental health services. Higher costs are driven by housing costs and salaries in San Francisco which significantly exceed those of other jurisdictions, increasing the overall cost for providing health services.

In two cases, the report's findings are inaccurate or misleading. The report states that San Francisco spends .23 cents of every tax dollar on health/hospital services. The Board approved budget for 1992-93 includes $157 million in General Fund support for the Health Department. This is only 11 percent of the City's total $1.4 billion General Fund resources. The report also states that net costs to local taxpayers has been growing at 16 percent per year over the last four years. It is more accurate to look at growth adjusted for inflation. The MFAC team found that the net taxpayer cost grew 7.8 percent, between 1986-87 and 1992-93. This is less than the growth of overall national health care expenditures over that time. Since 1990-91, our General Fund contribution has remained relatively flat, despite the continued increased costs of services. This is primarily due to aggressive revenue growth.

Dr. Baxter reviewed the policy options and the Department's comments on them (Attachment B). President Underwood sees this as an official response to the MFAC report.

Public Speaker: Jonathan Vernick, S.F. Mental Health Contractors Association and Baker Places, Inc.
David Fariello, President of S.F. Mental Health Contractors Association

Commissioner Kaufman voiced her concern over the MFAC report being released to the press; and that her understanding is that the MFAC report was done in cooperation and in confidence with Departments.

Commissioner Chow emphasized the need to have a stronger explanation on Policy Option #7 in relationship to consequences of bringing costs per patient into line with peer counties.

Due to the lateness of the hour, President Underwood requested the Department to bring this issue back to the Commission at our next regular meeting on September 15, 1992.

**8) OTHER BUSINESS/PUBLIC COMMENTS**

Public Speaker: John O'Brien, San Franciscans for Welfare Reform

9) **EXECUTIVE SESSION: AUTHORIZED PURSUANT TO GOVERNMENT CODE SECTION 54957, "PERSONNEL EXCEPTION"**

The meeting was adjourned at 5:50 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary
to the Health Commission

Attachments (2)

DRAFT

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. _____

RESOLUTION ENDORSING PRINCIPLES FOR HEALTH SYSTEM REFORM FOR THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

WHEREAS, there is an acknowledged crisis of cost and access in the current health care system – 37 million Americans have no health care insurance, an additional 15 to 30 million have inadequate insurance, and health care costs account for 12% of the GNP; and

WHEREAS, the San Francisco Department of Public Health seeks to promote the health and well-being of all San Franciscans by providing a continuum of health care services, health promotion and disease prevention, as well as planning and promoting sound public policies for public health and health care delivery; and

WHEREAS, as the primary provider of care to San Francisco's growing uninsured and underinsured populations, the Department of Public Health has a critical interest in the development of proposals for reform of the health system; and

WHEREAS, many members of Congress as well as the California State Legislature are drafting health care reform legislation which would specifically affect SFDPH's services and the population of the City and County of San Francisco;

Now, therefore, be it

RESOLVED, that the Health Commission endorse the following principles to serve as a guide in developing and evaluating policy proposals to reform the current health care system; and be it

FURTHER RESOLVED, that the Health Commission directs the Director of Public Health to advocate for these principles and participate in developing policies for health care reform at the State and Federal level.

1) Universal coverage: Health system reform must guarantee health care as a right, not a privilege, with universal coverage and access for all people who live in California and in the United States. While incremental improvements may be necessary, the goal of any plan must be universal access for all.

2) Role of public health departments and public sector providers: Public health departments provide essential population-focused health promotion and disease prevention services that are not typically included as part of individual health care benefits through insurance coverage. Examples of these services include disease control, health education, public health nursing services, disaster planning, emergency medical services, and environmental protection services. These services must be recognized and adequately funded in any health reform plan.

Even under the most comprehensive national plan, public sector providers will be essential to any health care delivery system. This is for at least three reasons: First, the public sector must always be ready to respond to health care crises, such as the AIDS epidemic. Second, the public sector

must be available to provide services to those who do not have access to other providers. Finally, there will always be individuals who fall through the cracks of any so-called comprehensive plan. SFDPH believes it is absolutely essential to provide access for persons who are not able to receive appropriate health care service in other ways through the preservation of a strong and well-financed institutional safety net.

3) Comprehensive benefits: There must be a guaranteed broad-based benefit package that emphasizes coordinated preventive and primary care services for individuals. Covered services must include disease prevention and health promotion programs. The plan should also include specified programs currently provided by public health departments, including mental health, family planning, long-term care, and substance abuse services.

4) Payment mechanism: There must be a uniform payment rate for all patients for comparable services, with the costs of medical education and education for other health professions considered explicitly.

5) Cost containment: Health reform must include a package of cost containment measures to control operating and capital expenses because excess costs ultimately limit access to services. These measures should be based on appropriate regulatory provisions and should cover all components of the health system, without creating barriers to appropriate care. Appropriate cost controls include evaluations of technology and procedures, utilization of the most appropriate procedures at the most appropriate level of care, resource planning for distribution of capital and medical technology, and global budgeting.

6) Financing: Health reform must recognize that individuals in society ultimately will pay for the financing of any health system. The health system should be financed through a combination of progressive financing mechanisms that could include tax incentives, broad-based taxes, premium base approaches and reasonable co-payments.

7) Quality assurance: There must be mechanisms and safeguards to ensure effective and efficient organization of services and high quality care. Mechanisms should include a process of appeal to ensure that patient rights are respected.

8. Development of health workforce: Comprehensive health system reform must include support for the education and training of health care workers to ensure: (1) adequate financing, (2) appropriate supply and distribution of workers, geographically and across specialties, and (3) affirmative action to reach the goal of appropriate representation of all cultural and ethnic minorities in the health care workforce.

9. Reform of current private insurance marketplace: Any plan that continues to rely on the private insurance market must make the following reforms: (1) reinstatement of community rating, (2) guaranteed issuance and guaranteed renewability, (3) elimination of pre-existing conditions limitation, (4) fraud control, and (5) affordability. Reform should also eliminate the duplicative administrative costs of a multi-payor, multi-eligibility system.

10. Ongoing planning and evaluation with consumers, communities and providers: To ensure accountability to providers and consumer communities, there must be mechanisms to ensure ongoing planning and evaluation of the system.

SAN FRANCISCO GENERAL HOSPITAL

Policy Option 1. Increasing insurance reimbursements - through investing in information systems and staff to qualify more patients for government and private insurance coverage.

We wholeheartedly agree with this recommendation and have been actively pursuing this objective over the last two years. In 1989-90 the hospital's general fund totaled $56.4 million and in this year's budget the general fund contribution totals $44.8 million, representing a 21 percent decrease in general fund support. Revenues, over this same period of time, increased by 30 percent, from $162.8 million to $211.7 million. SFGH is implementing a new cost accounting system known as Genesis, has initiated an MIS strategic planning process, has hired several revenue specialists, and is contracting for charge collection services to enhance revenue. Continued investments in the automation and technical staff will be necessary in the coming years.

Policy Option 2. Expanding the use of the enterprise concept, allowing SFGH to keep and reinvest a portion of new revenue dollars created.

We also wholeheartedly agree with this recommendation. In fact, Peat Marwick had the same observations in our management letter from the SFGH audit last year. They noted:

> "The current funding mechanism does not provide significant incentives to the Hospital for operating efficiencies, nor does it place ultimate control over results (and responsibility of results) with Hospital management.
>
> "Converting from the current funding mechanism of a subsidy that is calculated to cover operating deficits to a system of providing payments for services provided to the County's indigent would eliminate the political process of providing health care services and better control expenses by establishing a fixed revenue stream for the services provided. The financial relationship between the General Fund and the Hospital operating fund would then be based on transfer payments related to a budgeted volume of service."

We look forward to working with the Mayor's Office to implement this policy option not only at SFGH, but also at Laguna Honda Hospital and ultimately for the entire department.

We are taking one incremental step towards the enterprise concept on this November's ballot. It will include an initiative to provide authority for $20 million of revenue bonds to finance the DPH's ongoing capital and equipment needs. This initiative has been supported by the Mayor's Office and the Board of Supervisors.

Policy Option 3. Consider re-negotiating the University of California affiliation agreement to gain effective control over staff and services provided. Identify services provided by UCSF to patients who are the City's responsibility and negotiate appropriate staffing and reimbursement of these services.

We have been working with the University over the past two years to renegotiate our affiliation agreement. The current legal document, signed in 1959, does not reflect the present reality of the relationship. Through the renegotiating process, we have more clearly defined the University's and the City's responsibilities at the hospital. At this point, we are negotiating a new, clearer payment mechanism for reimbursing the University for the actual services it provides. That is the final issue to be decided.

Policy Option 4. Consider proposing a charter amendment to end the linkage of nurses' pay to the highest-paying employer in the six Bay Area counties.

We believe that the current wage levels for nurses actually help us improve the quality of care at the hospital and to control operating costs. This is because those wages allow us to maintain a very low nursing vacancy rate. If we reduced this pay and vacancies increased as a result, it could reduce the continuity and quality of patient care and increase costs by requiring additional overtime, temporary, and registry use.

Policy Option 5. Evaluate current nurse/patient ratios.

Nurse/patient ratios, measured as nursing hours per patient day, are a central feature in how nursing budgets are prepared and how labor costs are managed at the hospital. Extensive surveys have been conducted of comparable hospitals in order to evaluate the ratios we currently use, and SFGH is on the low side of the range.

Policy Option 6. Investigate consolidation of some outpatient services into CPHS clinics.

We have begun to do this because it is consistent with our overall direction to provide as much primary care as possible in the community, with specialty outpatient care provided at SFGH. There are a number of issues that need to be resolved, such as residency program requirements and the lack of information and billing systems and staffing needed to facilitate outpatient service consolidation.

DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE AND FORENSICS

Policy Option 7. Study delivery system changes that could bring costs per patient into line with peer counties.

As we mentioned earlier, we believe our higher costs are primarily driven by external factors, such as the higher costs of housing and the way salaries are set. However, the MFAC team found that one of the significant reasons for our higher costs per unit of service is due to our quality control measures, which exceed those of other counties.

The overwhelming reason for our higher than average expenditures is because we provide a higher level of service. Most of the reasons for this are as follows:

• Values and policy choices. We are proud that San Francisco has been more progressive and responsive to community and human service needs than any other county in the state. Our model for addressing the HIV epidemic is only one example of the breadth and depth of compassionate care given in the city. We have expressed this compassion, in part, by aggressively seeking and securing Federal, State, and foundation grants. We have also augmented these funds with local funds to provide specialized, ethnically focused and decentralized community-based services which would not otherwise be available.

• Demographics and demand. San Francisco serves over 19,000 mentally ill persons each year. 71 percent of our clients are seriously mentally ill, which is significantly higher than the proportion of seriously mentally ill patients served in other counties. We have the highest rate of involuntary detentions in the State, indicating higher levels of seriously mentally ill and requiring higher rates of psychiatric emergency and acute hospitalization and institutional care for these clients. We have the highest rate of conservatorship in the State requiring continuous community treatment of these patients. We exceed the national average of mentally ill among the homeless. Finally, we provide services that are considered essential here, but are not generally available in other counties. These services include our homeless services, the Center for Special Problems, our residential treatment programs, and our supportive housing programs.

Policy Option 8. Investigate clinic consolidation.

As part of our budget last year, we proposed to consolidate seven clusters of services. Four clusters have been completed, consolidating eight sites into three locations. Three other clusters are in the final stages of consolidation which will further streamline operations. Site approvals or searches are in varying stages for the latter three consolidations. While we do not expect significant cost

savings from these consolidations, we do expect improved service delivery through integration of services.

COMMUNITY PUBLIC HEALTH SERVICES

**Policy Option 9. Consider integrating AIDS programs into the CPHS system to reduce overhead and make available funds go further.**

We have begun the integration of the AIDS Office with CPHS because it makes sense programmatically and also because we intend to try and reduce our administrative overhead in these areas.

LAGUNA HONDA HOSPITAL

**Policy Option 10. Consider pursuing all available options for maintaining federal waivers to continue using the present large wards.**

We will continue to request these waivers because they are necessary for us to continue to receive Medi-Cal and Medicare revenues. Federal waivers are year-to-year without any guarantees.

**Policy Option 11. Consider less costly alternatives than the proposed $500 million capital program for Laguna Honda. Evaluate alternatives for financing needed capital improvements.**

We are pursuing less costly options, mainly in terms of reducing the size of the proposed facility. We will update the Commission as we investigate these possibilities further. We are also investigating the possibility of obtaining state and federal funds to pay for a portion of the debt service on the facility.

MFAC produced an extremely valuable report in terms of looking at where we are today and recommending where we need to go. We are supportive of most of these policy options. We look forward to working with the Mayor's Office and the Board to implement these recommendations.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Morl
Secretary

TEL: (415) 554-2666

# AGENDA

## SPECIAL HEALTH COMMISSION MEETING

September 11, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

2) PUBLIC HEARING ON THE PROPOSED STATE BUDGET CUTS FOR THE DEPARTMENT OF PUBLIC HEALTH IN THE AMOUNT OF $25 MILLION FOR FY 1992-93

Each speaker is limited to 3 minutes.

Note: The Commission will take final action on the proposed cuts at its regular meeting on Tuesday, September 15, 1992. No public testimony on the budget will be taken at the September 15, 1992 meeting. Individuals/organizations may submit written testimony to the Commission Office (101 Grove Street, Room #311) by 12 noon Monday, September 14, 1992.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Paul Rosenstiel
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Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

# MINUTES OF THE SPECIAL HEALTH COMMISSION MEETING

Friday, September 11, 1992
3:00 P.M.
at
Board of Supervisors Chambers
City Hall
San Francisco, CA 94102

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## 1) CALL TO ORDER

The special meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:05 p.m. Due to the over 400 people attending this special meeting, the meeting place was changed to the Board of Supervisors' Chambers.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N, D.N.Sc.

## 2) PUBLIC HEARING ON THE PROPOSED STATE BUDGET CUTS FOR THE DEPARTMENT OF PUBLIC HEALTH IN THE AMOUNT OF $25 MILLION FOR FY 1992-93

President Underwood announced the Commission will take final action on the proposed cuts at its regular meeting on Tuesday, September 15, 1992. No public testimony on the budget will be taken at the September 15, 1992 meeting. Individuals/organizations may submit written testimony to the Commission Office (101 Grove Street, Room # 311) by 12 noon Monday, September 14, 1992.

President Underwood reported that on September 2, 1992, the Mayor requested an additional $25 million reduction from the Department as a result of the State cuts. The Mayor will be presenting the City budget to the Board of Supervisors on September 18, 1992. Due to this short timeline, the Commission decided to have a special hearing today prior to its regular meeting on September 15, 1992. The Department has been diligently working on the proposed reductions this past week. The information on the Department's proposed reductions just became available today at noontime. President Underwood apologized for the short notice on this special meeting and on the last-minute information dissemination on the proposed reductions.

On behalf of the Commission, President Underwood stated that while the Commission understands that the City has to cut $60 million, the Commission feels the $25 million request is a disproportionate share of the cuts to health services. However, it is the role and responsibility of the Commission to direct the Department staff to come up with the proposed $25 million cuts, trying to maintain the integrity of the system. These proposed cuts do not represent low priority programs; and the Commission does not support direct cuts in services.

Dr. Raymond Baxter, Director of Public Health, presented his report of the Department of Public Health budget summary for 1992-93 and the Department's additional proposed $25 million in reductions as a result of the State budget cuts. A copy of the 33-page report is available in the Commission Office (101 Grove Street, Room #311). (Attachment A).

Dr. Baxter reported that over the last two years, DPH has had to reduce its reliance on the General Fund at the same time it faced unavoidable cost increases, including salary standardization and inflation, and increased demand for services. This year alone, the Department was asked to cut $35 million; last year, the Department cut $39 million. The Department was able to reduce its General Fund contribution by aggressively pursuing revenues by $71 million and by cutting administration and operations by $21.4 million over two years. The Department reduced its General Fund contribution by $4.2 million or 3% over the last two years. This General Fund reduction in 1992-93 resulted from the net effect of $51.8 million of new revenue and $47.6 million of increased expenditures. The Department's 9% increase in costs is well below national health care expenditures increases averaging 12% over this same period of time.

The Department has been asked to cut an additional $25 million in the remaining FY 1992-93. Because only 27% ($156 million) of the total DPH budget ($577 million) is now paid for by the General Fund, the Department has focused its attention on reducing services in Divisions based on their General Fund contribution. Since the largest portion of General Fund dollars goes to SFGH, community health, and mental health programs, it is these programs that experience the greatest reductions. (Attachment B).

The principles used in these further reductions are:

- Reduce where the General Fund is.
- Reduce so that the service system can be most easily reconstructed in better economic times.
- Make changes in the direction the system should be going. For example, the mental health cuts we are proposing reflect a shift away from acute services and into more appropriately managed community based services.
- What is left in the system should run well and be staffed and funded adequately.

Dr. Baxter emphasized that with the magnitude of cuts, there are no good choices; and there is no time to plan in implementing the changes.

All of the public speakers voiced their opposition to the proposed $25 million reductions and encouraged the Commission to join them in opposing the disproportionate share of cuts in health services.

Public Speakers:

Tamar Brown
Katherine Duffy
Nancy Moser
Stephen Manning
Albert Cunningham
Daniel Stein
Audrey Salerno
H. Hugh Vincent, M.D.
Jim Kahn, M.D.
Rosamaria Zayas
Judith Stevenson
Steve Fields
David Fariello
Sheila Hembury
Cheryl Simmons
Gregory Senegal
Rob Sargent
Eve Meyer
Phyllis Spangler
Michael Hall
Jonathan Vernick
Alex Jestrab
Rose Eger
Thomas Tobin, Ph.D.
Concha Saucedo, Ph.D.
Sherrie Rosenberg
Dan Merer
Ed Kinchley
Steve Leoni
Gladys Sandlin
Tom Rickert
Ken Grossinger
Pat Smith
Larry Johnson-Redd
Nathan Nayman
Rinna Flohr
Alex Vitale
William Schecter, M.D.
Robert Okin, M.D.
John Luce, M.D.
Alan Gelb, M.D.
Denise Rogers, M.D.
Dick Fine, M.D.
Citizen N.G.
Helen Jackson
Joyce Schon
Lisa Ryan
Michael Kleiner
Michelle Aldrich
Amelia Morgan
Stephen Karpman, M.D.
Marvis Phillips
Karen Patterson-Matthew
Duff Axson
M.P.R. Howard
Austin Thompson
Kathleen Rubeiro, M.D.
Joseph Healy

Commissioners Comments:

- To increase revenues for the City, there should be a tax imposed on everyone who works in the City.

- Request the Mayor to have a Citywide approach in shutting down administrative and non-emergency services for one week.

- It is not fair if other City Departments have not been asked to reduce their budgets.

- It is better for the cuts to be recommended from the expertise of the Department, giving their rationale for the cuts.

- It is the Commission's obligation to give the Mayor its professional recommendations with the least damaging effect.

- It is important to see the human quality of the $25 million cut and to take this back to the Mayor.

- Show the Mayor the estimated ultimate cost to the City for the next three years.

President Underwood stated that on September 15, 1992 a meeting with the Mayor has been set with Vice President Rosenstiel, Commissioner Jackson, Dr. Baxter and herself. She will convey to the Mayor what the public speakers said today and that the proposed cuts are more than what the Commission and Department can tolerate. President Underwood requested the Executive Secretary to the Commission, Sandy Mori, to request information from the Mayor on what other City Departments were asked to cut.

President Underwood thanked the public for their attendance, their testimony, and their reasonableness. She sees the Commission, Department staff, and public as continuing to work together. She encouraged the public to voice their concerns to the Mayor and the Board of Supervisors.

The meeting was adjourned at 7:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary
to the Health Commission

Attachments (2)

# PROPOSED 1992-93 HEALTH DEPARTMENT BUDGET INCLUDING STATE CUTS

Dollar in thousands

| Health Department Divisions | 1991-92 Revised | 1992-93 Bd App'd | Percent Change | Revenue Increases | Admin. & Operating Cuts | Service Reductions | Total Reductions | 92-93 Budget W. State Cuts | Percent Change |
|---|---|---|---|---|---|---|---|---|---|
| SFGH | $236,805 | $256,590 | 8% | $0 | ($1,870) | ($6,457) | ($8,327) | $248,263 | 5% |
| Revenue | $173,540 | $211,730 | 22% | $0 | $0 | $0 | $0 | $211,730 | 22% |
| General Fund | $83,265 | $44,660 | -29% | $0 | ($1,870) | ($8,457) | ($6,327) | $36,533 | -42% |
| LHH | $93,889 | $101,734 | 8% | ($100) | ($1,557) | $0 | ($1,657) | $100,077 | 7% |
| Revenue | $60,447 | $91,950 | 14% | $100 | $0 | $0 | $0 | $91,950 | 14% |
| General Fund | $13,442 | $9,784 | -27% | ($100) | ($1,557) | $0 | ($1,657) | $6,127 | -40% |
| DMSF | $128,465 | $140,940 | 10% | ($775) | ($1,525) | ($5,940) | ($8,240) | $132,700 | 3% |
| Revenue | $62,799 | $62,919 | 0% | $775 | $0 | $0 | $0 | $62,919 | 0% |
| General Fund | $45,668 | $56,021 | 27% | ($775) | ($1,525) | ($5,940) | ($6,240) | $49,761 | 9% |
| COMMUNITY HEALTH | $70,822 | $78,389 | 11% | ($156) | ($2,437) | ($2,968) | ($5,561) | $72,828 | 3% |
| Revenue | $32,046 | $34,055 | 6% | $156 | $0 | $0 | $0 | $34,055 | 6% |
| General Fund | $38,778 | $44,334 | 14% | ($158) | ($2,437) | ($2,968) | ($5,561) | $38,773 | 0% |
| TOTAL DPH | $529,981 | $577,653 | 9% | $0 | ($7,389) | ($15,365) | ($23,785) | $553,868 | 5% |
| Revenue | $368,832 | $420,854 | 14% | $1,031 | $0 | $0 | $0 | $420,854 | 14% |
| General Fund | $181,149 | $156,999 | -3% | ($1,031) | ($7,369) | ($15,365) | ($23,785) | $133,214 | -17% |

1. Included in the Admin/Operating reductions is a one-week closure of all non-emergency and admin. personnel for a savings of $4,419,000
2. Included in the Community Health Services unit are the following reductions in thousands:

| Division | Revenue | Admin. | Service | Total |
|---|---|---|---|---|
| CPHS | $0 | $0 | $1,621 | $1,621 |
| AIDS | $0 | $96 | $1,102 | $1,200 |
| CA | $0 | $396 | $0 | $396 |
| BEH/Toxics | $156 | $422 | $45 | $823 |

3. Included in DMSF are the following reductions in thousands:

| | | | | |
|---|---|---|---|---|
| CMHS | $775 | $125 | $4,870 | $5,770 |
| CSAS | $0 | $0 | $1,047 | $1,047 |
| Forensics | | | $23 | $23 |

Attachment A

AMENDED 9/11/92 12:35 PM

GENERAL FUND SUPPORTED PROGRAMS WITHIN THE DPH

| Division in thousands | | General Fund Programs |
|---|---|---|
| **SFGH** | | Outpatient Medical and Psych E.R.'s and Clinics; Inpatient Psychiatry, Forensics and Nursery; Poison Control; and Pharmacy. |
| Total: | $256,590 | |
| General Fund: | $44,860 | |
| % GF of total: | 17% | |
| **LHH** | | Adult Day Health Center and misc. support services |
| Total: | $101,734 | |
| General Fund: | $9,784 | |
| % GF of total: | 10% | |
| **DMSF** | | Mental Health Adult Acute and Community, Children's, Admin., Geriatrics, Ctr Special Problems, and Conservator; and Forensics and Substance Abuse Services |
| Total: | $140,940 | |
| General Fund: | $58,021 | |
| % GF of total: | 41% | |
| **Community Health Services** | | Primary Care, Eldercare, Perinatal, Children's, Homeless, Epidemiology & Disease Control, Immunization, Lab, AIDS, I&R, Case Mgt, Prevention, Support Service, Residential, Legal, Attendant Care; Contracts, Personnel, Fiscal, Planning; and Toxics Health & Safety. |
| Total: | $78,389 | |
| General Fund: | $44,334 | |
| % GF of total: | 57% | |

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Patricia R. Underwood, R.N., D.N.Sc.
President

Paul Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

**HEALTH COMMISSION**
CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Secretary

TEL: (415) 554-2666

# AGENDA

## HEALTH COMMISSION MEETING
September 15, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

**THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.**

1) **CALL TO ORDER**

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 1, 1992**

3) **CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner Margel Kaufman)

(3.1) CPHS - Administration - Request to accept and expend a continuation grant in the amount of $630,399 from the Federal Bureau of Health Care Delivery Assistance and sole source requests in the amount of $49,545 for the UCSF Institute for Health Policy Studies; $153,839 for the Bayview Hunters Point Foundation; and $197,226 for the Haight Ashbury Free Clinic, Drug Detox to provide linked primary care and substance abuse services for the period of October 1, 1992 to September 30, 1993. (DPH contracted with UCSF for services totaling $8,568,940 in FY 1991-92 exclusive of the affiliation contract; with Bayview Hunter's Point for services totaling $7,754,000 in FY 91-92; and with Haight Ashbury for services totaling $4,352,056.)

(3.2) CPHS - Newcomers Program - Request to accept and expend a continuing allocation in the amount of $110,000 from the State Department of Health Services, Refugee Health Program, to provide continued support to existing services for newly arriving refugees, for the period of October 1, 1992 to September 30, 1993.

(3.3) C.O. - AIDS - Request to accept and expend a continuation grant in the amount of $2,102,567 from the Department of Health and Human Services, Centers for Disease Control, to provide AIDS Surveillance Project services for the period of January 1, 1993 to December 31, 1993.

(3.4) C.O. - AIDS - Renewal contract with Mission Neighborhood Health Center in the amount of $349,295 to provide early intervention primary medical care, treatment advocacy, and clinical trials advocacy to HIV positive individuals living in the Mission District of San Francisco for the period July 1, 1992 through June 30, 1993. (DPH contracted with Mission Neighborhood Health Center for services totaling $552,060 in FY 1991-92.)

(3.5) C.O. - AIDS - Renewal contract with Black Coalition on AIDS in the amount of $254,988 to provide training to volunteers who will provide emotional and practical support for African Americans who have AIDS for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Black Coalition on AIDS for services totaling $261,369 in FY 1991-92.)

(3.6) C.O. - AIDS - Renewal contract with National Task Force on AIDS Prevention EACH Program, in the amount of $120,175 to provide prevention and education services, targeting gay and bisexual Men of Color for the period of July 1, 1992 through June 30, 1993. (DPH contracted with the National Association of Black and White Men Together acting as fiscal agent for National Task Force on AIDS Prevention for services totaling $115,000 in FY 91-92.)

(3.7) C.O. - AIDS - Renewal contract with California Pacific Medical Center/Operation Concern in the amount of $65,852 to provide prevention and education services to gay/bisexual men for the period of July 1, 1992 through June 30, 1993. (DPH contracted with CPMC for services totaling $8,802,587 in FY 1991-92.)

(3.8) C.O. - AIDS - Renewal contract with Bayview Hunter's Point Foundation acting as fiscal agent for the American Indian AIDS Institute in the amount of $57,684 to provide HIV/AIDS education and prevention services to native Americans for the period of July 1, 1992 through June 30, 1993. (DPH Contracted with Bayview Hunter's Point Foundation for services totaling $7,754,000 in FY 1991-92.)

(3.9) LHH - First modification of the contract with ADL Data Systems, Inc. in the amount of $49,640 to provide additional software modifications and related implementation and training for an integrated acute and long term care information system for the period of February 24, 1992 through March 23, 1994. (DPH Contracted with ADL Data Systems, Inc. for services totaling $219,937 in FY 1991-92.)

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **FINAL ACTION ON THE PROPOSED STATE BUDGET CUTS FOR THE DEPARTMENT OF PUBLIC HEALTH IN THE AMOUNT OF $25 MILLION FOR FY 1992-93**

(No public testimony on this item).

6) **CONTINUATION OF THE DISCUSSION OF THE FINDINGS AND RECOMMENDATIONS FROM THE MAYOR'S FISCAL ADVISORY COMMITTEE (MFAC) REPORT ON HEALTH AND HOSPITAL SERVICES AND THE DEPARTMENT OF PUBLIC HEALTH'S RESPONSE TO THE REPORT**

7) **CONSIDERATION OF TOBACCO CONTROL POLICIES DEVELOPMENT**

8) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Edward A. Chow, M.D.
Commissioner

Naomi T. Gray, M.S.W., A.C.S.W.
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

Richard Sanchez, M.D., M.P.H.
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

**Frank M. Jordan, Mayor**

**Department of Public Health**

**Raymond J. Baxter, Ph.D.**
Director of Public Health

**Sandy Ouye Mori**
Secretary

TEL: (415) 554-2666

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## MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, September 15, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:05 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N. D.N.SC

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 1, 1992

Action Taken: The Commission adopted the minutes of September 1, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel F. Kaufman)

(3.1) CPHS - Administration - Request to accept and expend a continuation grant in the amount of $630,399 from the Federal Bureau of Health Care Delivery Assistance and sole source requests in the amount of $49,545 for the UCSF Institute for Health Policy Studies; $153,839 for the Bayview Hunters Point Foundation; and $197,226 for the Haight Ashbury Free Clinic, Drug Detox to provide linked primary care and substance abuse services for the period of October 1, 1992 to September 30, 1993. (DPH contracted with UCSF for services totaling $8,568,940 in FY 1991-92 exclusive of the affiliation contract; with Bayview Hunter's Point for services totaling $7,754,000 in FY 91-92; and with Haight Ashbury for services totaling $4,352,056.)

Public Speaker: Edward Benner

(3.2) CPHS - Newcomers Program - Request to accept and expend a continuing allocation in the amount of $110,000 from the State Department of Health Services, Refugee Health Program, to provide continued support to existing services for newly arriving refugees, for the period of October 1, 1992 to September 30, 1993.

This item was deferred to the next meeting of the Budget Committee.

(3.3) C.O. - AIDS - Request to accept and expend a continuation grant in the amount of $2,102,567 from the Department of Health and Human Services, Centers for Disease Control, to provide AIDS Surveillance Project services for the period of January 1, 1993 to December 31, 1993.

(3.4) C.O. - AIDS - Renewal contract with Mission Neighborhood Health Center in the amount of $349,295 to provide early intervention primary medical care, treatment advocacy, and clinical trials advocacy to HIV positive individuals living in the Mission District of San Francisco for the period July 1, 1992 through June 30, 1993. (DPH contracted with Mission Neighborhood Health Center for services totaling $552,060 in FY 1991-92.)

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Public Speaker: John Ehrlich

(3.6) C.O. - AIDS - Renewal contract with National Task Force on AIDS Prevention EACH Program, in the amount of $120,175 to provide prevention and education services, targeting gay and bisexual Men of Color for the period of July 1, 1992 through June 30, 1993. (DPH contracted with the National Association of Black and White Men Together acting as fiscal agent for National Task Force on AIDS Prevention for services totaling $115,000 in FY 91-92.)

Public Speaker: John Ehrlich

(3.7) C.O. - AIDS - Renewal contract with California Pacific Medical Center/Operation Concern in the amount of $65,852 to provide prevention and education services to gay/bisexual men for the period of July 1, 1992 through June 30, 1993. (DPH contracted with CPMC for services totaling $8,802,587 in FY 1991-92.)

Public Speaker: John Ehrlich

(3.8) C.O. - AIDS - Renewal contract with Bayview Hunter's Point Foundation acting as fiscal agent for the American Indian AIDS Institute in the amount of $57,684 to provide HIV/AIDS education and prevention services to native Americans for the period of July 1, 1992 through June 30, 1993. (DPH Contracted with Bayview Hunter's Point Foundation for services totaling $7,754,000 in FY 1991-92.)

Commissioners requested the Department staff to come back in 3 months with a progress report on a consolidation plan for AIDS education/prevention programs, after discussions with appropriate advisory groups.

Public Speaker: John Ehrlich

(3.9) LHH - First modification of the contract with ADL Data Systems, Inc. in the amount of $49,640 to provide additional software modifications and related

implementation and training for an integrated acute and long term care information system for the period of February 24, 1992 through March 23, 1994. (DPH Contracted with ADL Data Systems, Inc. for services totaling $219,937 in FY 1991-92.)

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.2, which was deferred to the next meeting.

**4) DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

HEALTH COMMISSION BUDGET HEARING

Last Friday, September 11, the Health Commission held a public hearing in the Board of Supervisors' chambers regarding $25 million worth of additional cuts to the health Department's budget. The hearing was the largest in the Health Commission's history. Over four hundred people packed the chambers to hear the proceedings and over 100 signed up to testify on the impacts of the cuts. The testimony covered virtually all aspects of the package. The hearing lasted until 7:30 p.m. The magnitude of this public response is indicative of the seriousness of the cuts necessary to achieve this target.

AIDS OFFICE

- HIV Confidential Testing: Beginning in FY 92-93, funds for HIV confidential testing will no longer be disbursed through the State Block Grant Program. Block grant testing funds instead will be consolidated with Anonymous Testing Site (ATS) funds to develop an HIV testing section allocating funding on a fee-for-services basis regardless of the type of testing conducted. Further reimbursement rates for all testing will be standardized. Block Grant Program allocations for FY 92-93 will only consist of AIDS case surveillance and local needs.

  In FY 91-92, the State Office of AIDS allocated $581,793 to San Francisco for the ATS Program and $182,238 for Confidential Testing, a total of $746,031. The planned allocation for FY 92-93 for HIV testing in San Francisco will only be $570,541. This reduction in funding will mean reimbursement for far fewer tests than last year and the funds will not be able to meet current testing demand. This shortfall could limit the number of tests programs can conduct.

SAN FRANCISCO GENERAL HOSPITAL

- Poison Control: This morning, Supervisor Kevin Shelley and I attended a press conference coordinated by Assemblyman Connelly and Tom Kearney at the San Francisco Bay Area Regional Poison Control Center at San Francisco General Hospital to promote AB 3103 and announce the impact of the loss of State general fund support of California Poison Control Centers. A statewide petition campaign has also been organized to urge Governor Wilson to sign AB 3103.

- Information System: An important education session will be presented by Coopers & Lybrand on September 17 in Carr Auditorium at 1:30 pm. The topics to be presented are: Information and Technology Trends in the Health Care Industry; Integrating Health Care Information Systems in the Patient Care Process: and the Impact of Managed Care on Health Care Providers.

COMMUNITY PUBLIC HEALTH SERVICES

- "Gag Rule": The Department has received notice from the California Family Planning Council, Inc. that the Federal Government will implement the "Gag Rule" on September 23, 1992. The notice of this action comes in the middle of a court case that is determining the legality of the "Gag Rule" as modified in March by the President.

  In late May, a U.S. District Court Judge in the District of Columbia, ruled that the Bush Administration violated the administrative procedures act by attempting to implement the "Gag Rule". The federal government appealed and in late July, the U.S. Court of Appeals granted a stay. This meant the government was free to move with implementation pending a hearing. The contested case will be heard in the Court of Appeals in mid-October. The three Judge panel that will hear the case are all appointees of former President Jimmy Carter.

  In San Francisco, DPH uses no federal funds for pregnancy testing. Once the Department is officially notified to implement the "Gag Rule", DPH will be in compliance by posting signs in the clinics stating that all pregnancy testing is paid for by the State Office of Family Planning.

- Homeless Program: The Fell Street Center, a 24-hour alcohol drop-in program for public inebriates, approved by the Health Commission in May, opened on September 2. The capacity of the program is temporarily limited to 20 people while renovations are being completed, but the facility is expected to be ready for its full capacity of 50 people in approximately 3 months.

  Tuberculosis risk reduction measures have been incorporated into the design of the facility. Ventilation upgrades have made it possible for circulation of outside air to exceed CDC standards and, as an added precaution, ultraviolet lights have been installed in the ventilation system.

  The Neighborhood Advisory Committee, consisting of representatives from large businesses, small businesses and residents, has been meeting regularly and is generally supportive of the program. They will continue to monitor the impact of the program on the neighborhood, however, and will make recommendations for any needed changes to program administrators and, if necessary, to the Health Commission.

TUBERCULOSIS COMMUNITY FORUM

A Community Forum "Tuberculosis: Everything you want to know about TB, but had no one to ask . . ." was held from 5:00 to 7:30 p.m. on September 2, 1992 in Room 300. The forum was widely publicized throughout CPHS sites, CSAS sites, the AIDS Office, the San Francisco Medical Society and community groups including ACT UP, as well as union representatives. About 100 to 125 people attended the forum, where an expert panel, which included Dr. Edward Chow, Dr. Gisela Schecter, Dr. Henry Chambers, Dr. Linda Hawes Clever, and Mr. William Charney, discussed TB, its transmission and epidemiology, as well as issues of occupational risks of TB. The forum was well received and many questions were asked. Originally scheduled to go on until 7:30, there was still lively interest, and the meeting did not end until almost 8:00 p.m. This Forum was co-sponsored by the Department of Public Health and the San Francisco Medical Society. We will be following with another Forum in October targeted at providers of care. We will also shortly appoint a community advisory panel on TB.

ADMINISTRATION

- Equal Employment Opportunity Unit: Gloria Louie, assumed the position of Affirmative Action Coordinator for the Department of Public Health on September 7. As reported earlier, Ms. Louie most recently held a similar position with the Department of Social Services. Please join me in welcoming Ms. Louie to the Health Department.

AUGUST STATISTICS

- AIDS Statistics (from 7/1/81 to 8/31/92)

| | |
|---|---|
| Total San Francisco cases: | 12,893 |
| Total San Francisco deaths: | 9,394 |
| Total S. F. cases for August: | 175 |
| Total S.F. deaths for August: | 104 |

- San Francisco General Hospital

Inpatient

| | |
|---|---|
| Average Daily Census (except newborns): | 324 |
| Newborn Nursery: | 20 |
| Actual Patient Days (except newborns): | 10,036 |
| Newborn Nursery: | 633 |
| Admissions (except newborns): | 1,478 |
| Newborn Nursery: | 150 |
| Average Length of Stay (except newborns): | 7 |
| Newborn Nursery: | 4 |
| Discharge Patient Days (except newborns): | 10,236 |
| Newborn Nursery: | 554 |
| Discharges (except newborns): | 1,456 |
| Newborn Nursery: | 149 |

Outpatient Visits

| | |
|---|---|
| Primary Health | |
| Family Health: | 2,890 |
| General Medicine: | 2,023 |
| Pediatric: | 2,750 |
| OB/GYN: | 1,758 |
| Specialty Clinics: | 10,114 |

Emergency Room Visits

| | |
|---|---|
| Psychiatric Emergency Services: | 368 |

- Laguna Honda Hospital

| | |
|---|---|
| Average Daily Census: | 1,083 |
| Acute Med/Surg: | 5 |
| Acute Rehab: | 2 |
| Clarendon Hall: | 168 |
| AIDS SNF: | 8 |

- Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: | 80 |
| (18 beds for subacute/med complex care) | |
| Community Acute Psychiatric Beds: | 1 |

- CPHS - Primary Care Visits for Health Centers

| | |
|---|---|
| Health Center #1: | 1,271 |
| Health Center #2: | 332 |
| Health Center #3: | 865 |
| Health Center #4: | 1,235 |
| Health Center #5: | 1,033 |

| | |
|---|---|
| Tom Waddell Clinic: | 2,944 |
| Potrero Hill Health Center: | 580 |
| Southeast Health Center: | 736 |
| Special Programs for Youth: | *2,254 |
| TOTAL VISITS: | 11,250 |

*medication passes no longer included

| Disease Control | |
|---|---|
| TB Clinic: | 2,144 |
| City Clinic: | 2,115 |

Dr. Baxter submitted the semi-annual Quality Assurance Reports for the Emergency Medical Services Agency for the period April - June 1992.

President Underwood changed the order of the agenda by proceeding to the response to the MFAC Report prior to the final action on the proposed budget reductions.

**6) CONTINUATION OF THE DISCUSSION OF THE FINDINGS AND RECOMMENDATIONS FROM THE MAYOR'S FISCAL ADVISORY COMMITTEE (MFAC) REPORT ON HEALTH AND HOSPITAL SERVICES AND THE DEPARTMENT OF PUBLIC HEALTH'S RESPONSE TO THE REPORT**

As requested by the Commission, Dr. Baxter presented revisions (Attachment A) to the Department's response to the MFAC Report on Policy Option #7 for Mental Health Services.

Public Speaker: John Ehrlich

Action Taken: The Commission approved the Department's response to the MFAC Report as the official position of the Commission. The response will be forwarded to MFAC, the Mayor, and the Board of Supervisors.

**5) FINAL ACTION OF THE PROPOSED STATE BUDGET CUTS FOR THE DEPARTMENT OF PUBLIC HEALTH IN THE AMOUNT OF $25 MILLION FOR FY 1992-93**

President Underwood presented a review of what has been done so far:

On September 11th the Department's Executive staff, Commissioner Rosenstiel,Commissioner Jackson, and I met with the Mayor and his budget staff. At that point we learned our target for state budget cuts was $25 million. The Commission directed Dr. Baxter and his staff to prepare a package of cuts for a public hearing September 11th. In the next 5 working days the staff met with advisory groups, put together a package, and notified the providers that would be affected.

On September 11th, we met in the Supervisors Chambers and had over 400 people present. Over 100 people signed up to testify. No one who testified supported the proposed cuts. We met again with the Mayor this morning. We shared with him the results of the public hearing and our concerns about the consequences of these cuts. We pointed out that we could not cover $25 million with administrative and operation cuts. In the current package we have $7.4 million in administration, much of it tied to closure of programs.

Today the Commission will act on the package. In our meeting this morning,

based on Communication to individual Commissioners, I told the Mayor that the Health Commission would vote today on whether or not to forward the package but that we could not recommend or approve the level of cuts.

President Underwood thanked Dr. Baxter and the Department staff for the superb job they have done in these last 10 days. While every one has worked very hard, she thanked Susan Ehrlich, Director of Budget and Planning. Ms. Ehrlich, who has been central to this whole process, is always professional and polite.

Dr.Baxter thanked Ms.Ehrlich and her staff. He reviewed the principles for the $25 million reduction:

. Reduce where the general fund is.

. Reduce so that the service system can be most easily reconstructed in better economic times.

. Make changes in the direction the system should be going. For example, the mental health cuts we are proposing reflect a shift away from acute service system can be most easily reconstructed in better economic times.

. Make changes in the direction the system should be going. For example, the mental health cuts we are proposing reflect a shift away from acute services and into more appropriately managed community based services.

. What's left in the system should run well and be staffed and funded adequately.

Dr. Baxter reported that he is calling an emergency meeting with representatives of the San Francisco Medical Society, the San Francisco section of the West Bay Hospital Conference, and the San Francisco Community Clinic Consortium. In this City, private physicans, voluntary hospitals, community clinics, and the Department have worked together; and given the magnitude of service cuts under discussion, Dr. Baxter would like to begin discussion on the effects of cuts on each sector and areas of possible collaboration.

Commissioner's Comments:

- In order to address the service needs in the City, a graduated City income tax is needed.

- There is a concern on the misperception that the Department still has administrative positions to cut.

- The western part of the city has a changing population, including immigrants and frail elderly.

- The budget process is not over yet; the Commission and the public needs to voice concerns to the Board of Supervisors and the Mayor.

- In the long run, with these cuts we will be going backwards and will increase costs; these cuts are penny-wise and Pound-foolish.

- The average taxpayer ,in addition to the poor will be affected; the health and safety of citizens will be affected.

- The $25 million reduction is a disproportionate cut to health services.

- There will be human suffering with this drastic level of cuts; this is a disagreeable package of cuts.

- There is a need for health systems reform.

- The first priority is to save the safety net.

- The public has to be prepared for no new monies available.

- Over the past 2 years the Department has shown its management capabilities with increased efficiency and increased revenues.

Public Speaker: John Ehrlich
Michael Young

Action Taken: The Commission voted unanimously to transmit the $25 million budget reductions to the Mayor without approval or recommendation. The Commission authorized the President to draft a letter expressing the Commission's concerns to the Mayor

## 7) CONSIDERATION OF TOBACCO CONTROL POLICIES DEVELOPMENT

Flo Stroud, Senior Deputy Director of Community Health Services, reported that in August of last year, the Commission approved the use of local Tobacco Control Health Education funds to support a Tobacco Legislative and Media Campaign to be implemented through contract. However, before the contract is awarded and detailed work requirements negotiated, staff requests Commission approval for the policy issues to be pursued, and for the process of identifying legislative priorities.

Mellie Smith of the Tobacco Control Program presented the results of the Smoking Prevalance Study for California, from which some of the recommended policy issues were derived. Stanton Glantz, Ph.D., presented information on the effect of ordinances requiring smoke-free restaurants on restaurant sales and on cigarette consumption in California.

Commissioner Kaufman voiced her concern on the increase in teen girls' smoking. The Department reported that there is a focus on women/girls in this media campaign.

Action Taken: The Commission approved the following policy issues for investigation during the Legislative and Media Campaign:

1. Smoke-free worksites.
2. Smoke-free public places.
3. Smoke-free restaurants.
4. Prohibiting tobacco advertising on billboards within a one-mile radius of schools and playgrounds.
5. Licensing of tobacco sales.
6. Banning out-of-package cigarette sales.
7. Smoke-free bars and night/dance clubs.

Action Taken: The Commission approved the following process for adopting the selected 2-3 ordinaces.

1. Tobacco Free Project would review results of the public opinion research and formulate recommendation for the Department to advocate passage of 2 or 3 priority ordinances.

2. Tobacco Free Project would present recommendations to State-mandated Tobacco Free Coalition for review and input. The Coalition will include members of the business community and organizations such as medical societies, and community groups.

3. Tobacco Free Project would provide recommendations to Executive Staff.

4. Through the Director of Health, the Tobacco Free Project will present recommendations for 2-3 legislative priorities for Health Commission approval.

In 6-9 months, the Department will bring back legislative priorities for Commission approval.

**8) OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 4:40 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary
to the Health Commission

Attachment (1)

**Policy Option 7. Study delivery system changes that could bring costs per patient into line with peer counties.**

In April, 1991 the Office of the Inspector General for Region IX (April 1991) conducted a detailed audit of Mental Health Services in San Francisco. A key component of their analysis was to compare mental health costs per service type within California. The findings of this audit challenges the assumption that San Francisco County costs are significantly higher than other counties. It is important to note that the audit found that the cost per unit for nine service types was lower than other counties in all cases except for one instance. Only in the area of crisis intervention did San Francisco have the highest rate compared to other counties. DMSF has been reviewing options for reducing these costs. At this time DPH is working to maximize revenues in this area by increasing Medi-Cal billing. For the other eight services reviewed, San Francisco's cost ranking ranged from 42nd to fifth, see chart below.

| | COST PER SERVICE | | |
|---|---|---|---|
| Type of Service | Highest County | SF County | SF County Ranking |
| Assessment | $ 136 | $ 79 | 42 nd |
| Individual Therapy | 122 | 70 | 31 st |
| Day Treatment-Habilitative | 195 | 53 | 25 th |
| Day Treatment-Intensive | 147 | 72 | 21 st |
| Collateral Services | 110 | 66 | 20 th |
| Medication | 92 | 71 | 7 th |
| Inpatient Hospital | 443 | 390 | 6 th |
| Group Therapy | 75 | 57 | 5 th |
| Crisis Intervention | 336 | 336 | 1 st |
| Fiscal Year 1986 | | | |

*Source: OIG Office of Audit Services*

Therefore, according to the Office of the Inspector General, San Francisco's rates are comparable to other counties and, in fact, considerably lower than other counties in certain service areas.

In those areas where our costs per unit of service are at the higher end of the spectrum, they are primarily driven by external factors, such as the higher costs of housing and the way salaries are set. Another reason the MFAC team found

for our higher costs is our quality control measures, which exceed those of other counties.

It is true that overall, San Francisco County has higher than average mental health expenditures than other counties. The overwhelming reason for this is that San Francisco has a historical policy of providing a higher level of service, and not because of our unit costs are out of line. The main reasons for this are as follows:

- **Values and policy choices.** We are proud that San Francisco has been more progressive and responsive to community and human service needs than any other county in the state. Our model for addressing the HIV epidemic is only one example of the breadth and depth of compassionate care given in the city. We have expressed this, in part, by aggressively seeking and securing Federal, State, and foundation grants. We have also augmented these funds with local funds to provide specialized, ethnically focused and decentralized community-based services which would not otherwise be available. Some examples of this unique continuum of care include: residential treatment, Operation Concern, vocational services, the Center for Special Problems, the DDS's hotels, and the support of consumer and community-oriented services such as the Mental Health Advisory Board, the Citywide Alcoholism Advisory Board, the Drug Abuse Advisory Board, and Patients' Rights Advocacy Services.

- **Demographics and demand.** San Francisco serves over 19,000 mentally ill persons each year. 71 percent of our clients are seriously mentally ill, which is significantly higher than the proportion of seriously mentally ill patients served in other counties. We have the highest rate of involuntary detentions in the State, indicating higher levels of seriously mentally ill and requiring higher rates of psychiatric emergency and acute hospitalization and institutional care for these clients. We have the highest rate of conservatorship in the State requiring continuous community treatment of these patients. We exceed the national average of mentally ill among the homeless. Finally, we provide services that are considered essential here, but are not generally available in other counties. These services include our homeless services, the Center for Special Problems, our residential treatment programs, and our supportive housing programs.

**Policy Option 8. Investigate clinic consolidation.**

As part of our budget last year, we proposed to consolidate seven clusters of services. Four clusters have been completed, consolidating eight sites into three locations. Three other clusters are in the final stages of consolidation which will further streamline operations. Site approvals or searches are in varying stages for the latter three consolidations. While we do not expect significant cost savings from these consolidations, we do expect improved service delivery through integration of services.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Pierre R. Ludington
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

## AGENDA

**HEALTH COMMISSION MEETING**
**October 6, 1992**
**3:00 p.m.**
**at**
**San Francisco General Hospital**
**Carr Auditorium**
**1001 Potrero Avenue**
**San Francisco, CA 94110**

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THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF SEPTEMBER 11,1992 AND REGULAR MEETING OF SEPTEMBER 15, 1992

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Consideration of an amendment to the San Francisco Administrative Code relating to the acceptance of credit cards at Department of Public Health Facilities

(3.2) Consideration of a Proposed Lease Agreement with the University of California for the Continued Operation of the General Clinical Research Center

(3.3) Consideration of approval to compensate certain specified employees with standby pay for FY '92-'93 pursuant to and in compliance with procedures set forth in the City's salary standardization ordinance

(3.4) Consideration of a supplemental of $1.4 million in capital projects at SFGH

(3.5) Consideration of a resolution on the establishment of a special parking fund of SFGH

(3.6) - CPHS - Newcomers Program - Request to accept and expend a continuing allocation in the amount of $110,000 from the State Department of Health Services, Refugee Health Program, to provide continued support to existing services for newly arriving refugees, for the period of October 1, 1992 to September 30, 1993.

(3.7) - CPHS - California Children's Services - Request to accept and expend $104,710 from the State Department of Health Services, to provide HIV screening and diagnostic services for children at risk for HIV for the period of July 1, 1992 to June 30, 1993.

(3.8) - CPHS - Special Programs for Youth/Tom Waddell Clinic - Request to accept and expend a continuation grant in the amount of $407,802 from the San Francisco Community Clinic Consortium to provide HIV early intervention services for the period of January 1, 1993 to December 31, 1993.

(3.9) - CPHS - Special Programs for Youth - Request to apply for, accept and expend a new grant in the amount of $66,774 from the American Foundation for AIDS Research (AmFAR) to investigate the epidemiology of HIV/AIDS in high risk adolescents in San Francisco for the period of January 1, 1993 to December 31, 1993.

(3.10) - CPHS - Request to amend Chapter 19A, Article I of the San Francisco Administrative Code by adding Section 19A.31 permitting the Department of Public Health to enter into agreements with the California Family Planning Council, enabling the Department of Public Health to participate in family planning services to low-income women in San Francisco.

(3.11) - C.O. - AIDS - New contract with the Glide Foundation in the amount of $56,312 to provide HIV/AIDS prevention and education to high risk African Americans for the period Date of Certification to June 30, 1993. (DPH contracted with Glide Foundation for Services totaling $173,000 in FY 91-92.)

(3.12) - C.O. - AIDS - Contract renewal with the Support Center, in the amount of $102,310 to provide technical assistance to Ryan White CARE contractors, for the period Date of Certification through June 30, 1993. (DPH contracted with Support Center for services totaling $118,290 in FY 91-92.)

(3.13) - DMS - CMHS - CE&I - Request to accept and expend a continuation grant in the amount of $283,000 from the Federal Substance Abuse and Mental Health Services Administration, administered by the State of California Department of Mental Health, to provide mental health consultation, education and information services for the period of July 1, 1992 to June 30, 1993.

(3.14) - DMS - CMHS - Adult Acute, Geriatrics - Renewal contract with Crestwood Hospitals, Inc. in the amount of $9,098,531 to provide partial day subacute locked skilled nursing services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Crestwood Hospitals, Inc. for services totaling $2,730,841 in FY 91-92.)

(3.15) - DMS - CSAS - Modification to the contract with Westside Community Mental Health Center Inc. in the amount of $68,087 to provide HIV counseling, testing, risk reduction and partner notification services to substance abusers for the period of July 1, 1992 through December 31, 1992. (DPH contracted with Westside Community Mental Health Services for services totaling $2,461,531 in FY 91-92.)

(3.16) - DMS - CSAS - Renewal agreement between the State of California, Department of Rehabilitation and the City and County of San Francisco in the in the amount of $44,235 to provide vocational rehabilitation services to persons receiving substance abuse treatment for the term July 1, 1992 through June 30, 1993. (DPH contracted with Dept. of Rehabilitation, Calif. for services totaling $44,235 in FY 91-92.)

(3.17) - DMS - CSAS - Request for approval of a new site for use by Baker Places, Inc. at 1249-51 Scott Street, San Francisco, to provide multi-diagnosis substance abuse and HIV treatment services.

(3.18) - Presentation of the FY '91-'92 Fourth Quarterly Report for DPH

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

5) UPDATE ON THE DPH BUDGET FOR FY'92-'93

6) PRESENTATION OF SAN FRANCISCO GENERAL HOSPITAL

(6.1) FY 91/92 Accomplishments- Programatic and Financial

(6.2) FY 92/93 Hospital-wide Objectives

7) CONSIDERATION OF AMENDMENTS TO THE BYLAWS OF THE HEALTH COMMISSION FOR SAN FRANCISCO GENERAL HOSPITAL

8) CONSIDERATION OF A POLICY ON WRITTEN CERTIFICATION THAT ALL FACILITY PERSONNEL HAVE BEEN INSTRUCTED TO PROVIDE ACCURATE AND FULLY TRUTHFUL INFORMATION IN PREPARING QUALITY ASSESSMENT RECORDS FOR JCAH

9) CONSIDERATION OF SAN FRANCISCO GENERAL HOSPITAL VOLUNTEERS BYLAWS

10) CONSIDERATION OF APPROVAL OF THE SAN FRANCISCO GENERAL HOSPITAL PLAN FOR NURSING CARE

11) CONSIDERATION OF APPROVAL OF UTILIZATION REVIEW PLAN

12) CONSIDERATION OF APPROVAL OF QUALITY ASSESSMENT/ IMPROVEMENT PLAN FOR SFGH

13) UPDATE ON CONTROLLER'S AUDIT REPORT FOR SFGH: STATUS ON IMPLEMENTATION OF RECOMMENDATIONS

14) OTHER BUSINESS/PUBLIC COMMENTS*

15) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a) REVIEW OF PROPOSED SETTLEMENT IN THE AMOUNT OF $100,000, SUPERIOR COURT #913-176

***Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject jurisdiction of the Health Commission.**

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HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health

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# MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, October 6, 1992
3:00 P.M.
at
Carr Auditorium
1001 Potrero Avenue
San Francisco, CA 94110

## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:05 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N. D.N.SC

Absent: Commissioner Margel F. Kaufman

## 2) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF SEPTEMBER 11, AND REGULAR MEETING OF SEPTEMBER 15, 1992

Action Taken: The Commission adopted the minutes of September 11 and September 15, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Arthur M. Jackson)

(3.1) Consideration of an amendment to the San Francisco Administrative Code relating to the acceptance of credit cards at Department of Public Health Facilities

Commissioner Ludington suggested to have the amendment not specify only certain credit cards but to use the generic term "credit cards."

(3.2) Consideration of a Proposed Lease Agreement with the University of California for the Continued Operation of the General Clinical Research Center.

(3.3) Consideration of approval to compensate certain specified employees with standby pay for FY 1992-93 pursuant to and in compliance with procedures set forth in the City's Salary Standardization Ordinance.

This item was postponed to a future meeting.

(3.4) Consideration of a supplemental of $1.4 million in capital projects at SFGH.

(3.5) Consideration of a resolution on the establishment of a special parking fund of SFGH.

This item was postponed to a future meeting.

(3.6) CPHS - Newcomers Program - Request to accept and expend a continuing allocation in the amount of $110,000 from the State Department of Health Services, Refugee Health Program, to provide continued support to existing services for newly arriving refugees, for the period of October 1, 1992 to September 30, 1993.

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Commissioner Ludington pointed out that this is an area for possible consolidation.

(3.9) CPHS - Special Programs for Youth - Request to apply for, accept and expend a new grant in the amount of $66,774 from the American Foundation for AIDS Research (AmFAR) to investigate the epidemiology of HIV/AIDS in high risk adolescents in San Francisco for the period of January 1, 1993 to December 31, 1993.

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Commissioner Ludington strongly feels that the Department must address the issue of consolidation. He does not see AIDS funding as a job empowerment program but as a mechanism to improve the quality of life for persons with AIDS. Dr. Sandra Hernandez reported that the many Department of Public Health AIDS advisory/community groups are actively discussing the issue of consolidation and how to accomplish this consolidation.

(3.12) C.O. - AIDS - Contract renewal with the Support Center, in the amount of $102,310 to provide technical assistance to Ryan White CARE contractors, for the period Date of Certification through June 30, 1993. (DPH contracted with Support Center for services totaling $118,290 in FY 1991-92.)

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(3.17) DMS - CSAS - Request for approval of a new site for use by Baker Places, Inc. at 1249-51 Scott Street, San Francisco, to provide multi-diagnosis substance abuse and HIV treatment services.

(3.18) Presentation of the FY 1991-92 Fourth Quarterly Report for DPH.

This item was postponed to a future meeting.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.3, #3.5, and #3.18, which were postponed to a future meeting. Commissioner Rosenstiel abstained and excused himself from the room for #3.12.

4) DIRECTOR'S REPORT
(Raymond J. Baxter, Ph.D.)

GOVERNOR'S VETOS

- Needle Exchange Legislation: Last week, the Governor vetoed AB 2525 (Brown) and SB 1418 (Watson), the pilot needle exchange bills against the advice of virtually every public health official in the State.

  The Mayor is committed to moving forward with a needle exchange program with the support of the Board of Supervisors. I will be working with the Mayor, the Board of Supervisors, and the City Attorney to find the best mechanism to implement a legal needle exchange program.

The following options are under review by the City Attorney: 1) a declaration of an emergency; 2) using the powers of a Board of Supervisors ordinance; 3) using the powers of the Health Department and the Health Commission. I will keep you informed as the various options are evaluated. In the meantime, the Department is moving ahead as planned with RFP's for an expanded needle exchange program and additional drug treatment sites.

- Poison Control Bill: The Governor also vetoed AB 3103 (Connolly), the legislation to create permanent funding for poison centers by assessing fees on manufacturers of products involved in poisonings. It is anticipated that this veto together with the Governor's earlier cut of state general funds for poison centers will result in several poison centers closing or reducing services.

  It is more important than ever that "fair share" contributions are received from counties that want to continue to receive services from the San Francisco Bay Area Regional Poison Control Center. Throughout the budget impasse, the SF Regional Center maintained services to its entire state designated 10 county region.

  In his veto message, the Governor stated his opposition to the funding mechanism but recognized the important services provided by the poison control centers and indicated his willingness to sign urgency legislation to appropriate $1 million to fund a consolidated network of centers. I met with Tom Kearney this morning to discuss the urgency legislation and future strategies. Again, I want to thank Tom Kearney and his staff for their tremendously successful efforts in getting the legislation all the way to the Governor in spite of the well organized opposition of the manufacturers.

SAN FRANCISCO GENERAL HOSPITAL

- Psychiatric Emergency Services Flood: Tuesday, September 29, at 7:44 p.m., a flood was reported on the second floor of San Francisco General Hospital. The flood was precipitated by the attempted theft of a plumbing device from the 2nd floor public restroom.

  Psychiatric Emergency Services (PES), which is located on the 1st floor, had to be evacuated and the patients and staff were relocated to the 7th floor Psychiatric Unit. The Fire Department responded to the alarm set-off by the water and were very helpful with the water clean-up. Due to the diligence of staff from nursing, plant management, environmental services, etc., PES was able to resume complete operations by the next morning.

  Westside Community Crisis Clinic provided emergency and crisis back-up services during the period that PES had to go on diversion and four 5150 patients were transferred to the Community Crisis Clinic. Two patients were transferred to counties of residence, and two others were discharged home. I am grateful to the staff of Westside for their professionalism and responsiveness during this emergency.

- Emergency Room Service Diversion: Critical care diversion for SFGH and UCSF for the first 19 days of September continued to decrease from previous month's levels (SFGH 6.7% and UCSF 1%). All other San Francisco hospital's critical care diversion remains less than 1%.

  The EMS Agency will continue to monitor diversion on a biweekly basis to inform me immediately if SFGH's critical care diversion reaches a level of breaching the DPH-Community Hospital MOU.

Last week, Mr. Cordova, Dr. Pointer and I met with representatives from the Hospital Council, West Bay Section regarding EMS diversion. The issues discussed included the service demands that have resulted in the high level of diversion over the past three months, the anticipated increase in diversion toward the end of the year, and the flexibility that SFGH may not have in funding and bed capacity to accommodate the increase in service demands this winter.

San Francisco General Hospital will do a further analysis after the current budget reductions are finalized and another meeting is planned in November to review September and October critical care diversion statistics.

- 12th Annual Employee Recognition Banquet: The hospital's annual Employee Recognition banquet was held Friday, September 25, in the hospital cafeteria. Honored staff received service pins, individual and departmental achievement awards. The first Executive Administrator's award was earned by Ms. La Francine Tate.

- Information Systems Education: The special education session on information systems in health care was held on September 17. Speakers made presentations on information technology, integration of health care information systems into the patient care process, and impacts of managed care on the health care providers including the increased amounts of demographic and clinical data which must be aggregated and reported.

- Credentialing Actions: As the designee of the Health Commission, as set forth in the Bylaws and Rules and Regulations of the Medical Staff of San Francisco General Hospital, I approved the following appointments and reappointments of SFGH Medical Staff for September 1992:

| | |
|---|---|
| Appointments to the Active Staff: | 4 |
| Reappointments to the Active Staff: | 10 |
| Appointments to the Courtesy Staff: | 7 |
| Reappointments to the Courtesy Staff: | 16 |
| Appointments to the Affiliated Staff: | 0 |
| Reappointments to the Affiliated Staff: | 4 |

LAGUNA HONDA HOSPITAL

- Update on Licensing and Certification: Laguna Honda Hospital has submitted its plans of corrections to the written list of deficiencies from the annual OBRA survey conducted for certification of the Medicare and Medi-Cal programs. Notification is expected this month if any addenda need to be filed.

- AIDS/Hospice Unit Open House: A second anniversary open house was held on Friday, October 2 in Ward O-4, the twenty-seven bed ward providing specialized skilled nursing care for persons with AIDS and terminal illnesses. Over 20 potential referring providers from the community visited to get acquainted with the unit and staff. The San Francisco Zen Center, which trains special volunteers for this unit, co-hosted the event.

- 12th Annual Employee Recognition Dinner/Dance: Laguna Honda will honor 198 employees who have worked at the hospital from five to thirty years at the Irish Cultural Center on October 22.

- Special Educational Program: On October 3, the hospital presented a special educational program, "Caring for a Dependent Adult at Home, Part II" to 40 community participants in Simon Auditorium.

AIDS OFFICE

- Women's Health Survey and Seroprevalence Study: The AIDS Office is currently conducting a health behavioral survey of lesbian and bisexual women which contains measurements of HIV risk behaviors, other health behaviors, and the utilization of various health services. Approximately 200 women of the planned sample size of 500 have been interviewed to date. Results are expected in late January.

  This behavioral survey will be followed by a CDC-funded survey on the prevalence of HIV infection and other sexually transmitted diseases, and behavioral risk factors for HIV infection among women who have sex with women. A total of 500 women will be enrolled into this survey in San Francisco and Berkeley. Recruitment of participants will begin in December and will be completed by June 1993. Results are expected in July 1993.

TUBERCULOSIS OUTREACH PROGRAM

- Ad Hoc Advisory Committee: Recently, I appointed an Ad Hoc Advisory Committee for the Control and Elimination of Tuberculosis composed of representatives of community agencies, unions, city departments, contract agencies, refugee services, and private sector physicians. The committee will meet regularly to be briefed on the evolving status of TB in San Francisco, to inform the Department of TB issues in the community, and to advise the Department regarding strategies and priorities in the effort to eliminate TB as a threat to San Franciscans.

  Dr. Gisela Schecter, Director of the Tuberculosis Control Unit, and Dr. Sandr Hernandez will chair the committee. The first meeting was held yesterday.

BUREAU OF TOXICS, HEALTH & SAFETY SERVICES

- Toxic Investigation: On September 28, a contractor mistakenly sprayed a germicide into the ventilation system of Charles Drew Alternative School. The odor from the germicide was dispersed throughout the school causing the relocation of children and staff to other schools.

  After overnight ventilation, DPH Toxics staff were requested by SFUSD officials to assist in monitoring the air and assisting in clearing the school for reoccupancy. After taking measurements, Toxics staff and SFUSD staff concurred the building was clear to enter.

SEPTEMBER STATISTICS

- AIDS Statistics (from 7/1/81 to 9/30/92)

| | |
|---|---|
| Total San Francisco cases: | 13,052 |
| Total San Francisco deaths: | 9,555 |
| Total S.F. cases for September: | 166 |
| Total S.F. deaths for September: | 164 |

- Laguna Honda Hospital

| | |
|---|---|
| Average Daily Census: | 1,082 |
| Acute Med/Surg: | 6 |
| Acute Rehab: | 4 |
| Clarendon Hall: | 164 |
| AIDS SNF: | 10 |

- Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: | 80 |
| (16 beds for subacute/med complex care) | |
| Community Acute Psychiatric Beds: | 2 |

## 5) UPDATE ON THE DPH BUDGET FOR FY 1992-93

Dr. Baxter gave an update on the 1992-93 DPH budget, (Attachment A), which was approved by the Board of Supervisors (8-3) at its first reading on October 5, 1992. Dr. Baxter reported that this latest budget, which has $1.3 million in health service cuts, is consistent with the Department's direction towards consolidation and changes in the mental health system, less dependence on institutional care, and more reliance on community-based programs. This latest budget is also in line wit the Department's budget principles of increasing revenues, decreasing administration, and minimizing service cuts. Dr. Baxter expressed his on-going concern on the continuing erosion of the management infrastructure.

## 6) PRESENTATION OF SAN FRANCISCO GENERAL HOSPITAL

Richard Cordova, Executive Administrator for SFGH, submitted to the Commission an annual report on SFGH which included the following and is on file at the Health Commission Office:

Summary of 1991-92 Accomplishments - Programmatic and Financial:

- Patient Demographics
- Utilization Summary
- Administrative Direction and Program Achievements
  - Building a Sound Organization
  - Commitment to Quality Patient Care
  - Achievements and Innovation in Clinical Care
  - Department of Health Program Linkages
  - Administrative Achievements and Innovation
  - Staff and Employee Programs
  - Financial Achievements
  - Campus Changes

Summary of 1992-93 Goals for San Francisco General Hospital:

- Vision
- Administrative Structure
- Financial Management
- UCSF Affiliation
- JCAHO-CALS Preparation
- Hospital-wide Planning for 1992-93

Mr. Cordova announced that the JCAHO survey will take place December 8-10, 1992.

The question was raised whether the Commission would approve the SFGH 1992-93 Plan. President Underwood will consult with Dr. Baxter.

Mr. Cordova acknowledged the work of his Executive Staff, with special thanks to Diane Miller, in compiling these reports.

Dr. Baxter commended Mr. Cordova for his energy, vision, and professional commitment to collaborative efforts within SFGH and with the whole Department.

On behalf of the Commission, President Underwood thanked the SFGH staff for their work in providing comprehensive and clear reports to the Commission. She also expressed her appreciation to the SFGH direction of better integration within the Department.

7) CONSIDERATION OF AMENDMENTS TO THE BYLAWS OF THE HEALTH COMMISSION FOR SAN FRANCISCO GENERAL HOSPITAL

Action Taken: The Commission adopted the amendments to the Bylaws of the Health Commission for San Francisco General Hospital. The amended Bylaws are on file in the Health Commission Office.

8) CONSIDERATION OF A POLICY ON WRITTEN CERTIFICATION THAT ALL FACILITY PERSONNEL HAVE BEEN INSTRUCTED TO PROVIDE ACCURATE AND FULLY TRUTHFUL INFORMATION IN PREPARING QUALITY ASSESSMENT RECORDS FOR JCAHO

Action Taken: The Commission adopted the policy to individually and collectively oppose the act of falsely documented quality assessment activities.

9) CONSIDERATION OF SAN FRANCISCO GENERAL HOSPITAL VOLUNTEERS BYLAWS

Action Taken: The Commission adopted the SFGH Volunteers Bylaws, which are on file in the Health Commission Office.

President Underwood thanked the Volunteers for their fund-raising efforts for SFGH.

10) CONSIDERATION OF APPROVAL OF THE SAN FRANCISCO GENERAL HOSPITAL PLAN FOR NURSING CARE

Gene O'Connell, M.S., R.N., Acting Associate Administrator for Nursing Services, presented the SFGH Plan for Nursing Care and reported the recommendations for changes in the Nursing Plan made by the Nursing Consultant.

Action Taken: The Commission approved the Nursing Plan with the changes recommended by the Nursing Consultant. The Joint Conference Committee of SFGH is to monitor the detailed changes.

11) CONSIDERATION OF APPROVAL OF UTILIZATION REVIEW PLAN

Action Taken: The Commission approved the SFGH Utilization Review Plan for 1992-93, which is on file at the Health Commission Office.

12) CONSIDERATION OF APPROVAL OF QUALITY ASSESSMENT/ IMPROVEMENT PLAN FOR SFGH

Action Taken: The Commission approved the SFGH Quality Assessment and Improvement Plan, which is on file at the Health Commission Office.

13) UPDATE ON CONTROLLER'S AUDIT REPORT FOR SFGH: STATUS ON IMPLEMENTATION OF RECOMMENDATIONS

Richard Cordova, Executive Administrator of SFGH, presented an update to the Controller's Performance Audit of SFGH regarding the 117 recommendations in the Audit Report dated December 30, 1991. This update, which is on file at the Health Commission Office, covers progress between December 30, 1991 to August 30, 1992. The next update on the Audit Report will be scheduled in 6 months.

Commissioner Rosenstiel raised the issue of the Department's capability in obtaining a clearer picture of the clients served by DPH, especially persons who are employed and are uninsured. With specific data and analysis of the data, there may be some revenue-generating possibilities. Susan Ehrlich, DPH Budget Director, reported that the MICRS data-base is a unique patient-identification system and will give the Department this analytic capability.

14) OTHER BUSINESS/PUBLIC COMMENTS

None.

15) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9(a) REVIEW OF PROPOSED SETTLEMENT IN THE AMOUNT OF $100,000, SUPERIOR COURT #913-176

Action Taken: The Commission approved the proposed settlement in the amount of $100,000, Superior Court, #913-176.

The meeting was adjourned at 4:35 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary
to the Health Commission

Attachment (1)

| Description of Cut<br>*DRAFT -10/1/92* | Service<br>Reductions | | | | |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| PRIORITIES | AMOUNT | RUNNING<br>TOTAL | | | |
| This spreadsheet lists the proposed service reductions | | | | | |
| in order of priority. | | | | | |
| | | | | | |
| Close one psychiatric ward (20 beds) | $1,188,669 | | | | |
| Reduce substance abuse detox and outpatient services | $623,335 | $1,812,004 | | | |
| Reduce community public health programs | $420,688 | $2,232,692 | | | |
| Reduce community mental health programs | $869,488 | $3,102,180 | | | |
| Eliminate funding for Center for Positive Care and implement | $898,000 | $4,000,180 | | | |
| a modified model at another locations | | | | | |
| Eliminate provision of all over-the-counter (OTC) medications | $22,500 | $4,022,680 | | | |
| at Jail, make OTC available at Jail Commissary | | | | | |
| Eliminate 1.0 FTE Staff Assistant for Mission Bay/Hunter's | $44,548 | $4,067,228 | | | |
| Point oversight in Toxics, Health and Safety Services | | | ↑ | | |
| Reduce Paramedics by taking one ambulance off the streets | $291,667 | $4,358,895 | These services | | |
| Reduce AIDS mass media/materials and supplies | $102,500 | $4,461,395 | were restored | | |
| Consolidate nutrition and dietary education services | $70,000 | $4,531,395 | | | |
| Mental health clinic closures· | $573,358 | $5,104,753 | ↓ These services | | |
| Reduce substance abuse training and advocacy | $212,000 | $5,316,753 | are cut, totalling | | |
| Reduce 50 adult Napa beds as of January 1993 and | $484,000 | $5,800,753 | ↓ $1,269,358 | | |
| Add 70 IMD beds between Jan. and June 1993 and | | | | | |
| Augment Mental Health Services | | | | | |
| | | | | | |

ATTACHMENT A

tricia R. Underwood, R.N., D.N.Sc.
esident

ul A. Rosenstiel
ce President

ebecca P. Castaneda, D.D.S.
ommissioner

dward A. Chow, M.D.
ommissioner

rthur M. Jackson
ommissioner

argel F. Kaufman
ommissioner

ierre R. Ludington
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**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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# AGENDA

## HEALTH COMMISSION MEETING

October 20, 1992
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

**THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.**

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 6, 1992

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Presentation of the FY 1991-92 fourth quarterly report for DPH.

(3.2) Consideration of a supplemental for the SFGH Ward 86 renovation in the amount of $379,000.

(3.3) DMS - CSAS - Renewal contract with Bay Area Addiction, Research and Treatment, Inc. in the amount of $1,136,056 to provide outpatient methadone maintenance services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with BAART for services totaling $1,958,778 in FY 1991-92.)

(3.4) DMS - CSAS - Renewal contract with Friendship House Association of American Indians, Inc. in the amount of $200,636 to provide residential substance abuse, county master plan, training, and alcohol/drug free work place services for the term July 1, 1992 through June 30, 1993. (DPH contracted with Friendship House Association of American Indians, Inc. for services totaling $155,683 in FY 1991-92.)

(3.5) DMS - CMHS - Child & Family - Renewal contract with the Regents of the University of California, Center on Deafness, in the amount of $378,129 to provide outpatient, outreach and case management services to deaf individuals and their families for the period of July 1, 1992 through June 30, 1993.

(3.6) C.O. - AIDS - Request to accept and expend a grant augmentation in the amount of $77,239 from the Centers for Disease Control, to provide supplemental funding to the AIDs Surveillance Project for the period of January 1, 1993 to December 31, 1993.

(3.7) C.O. - AIDS - Request to accept and expend a continuation grant in the amount of $6,029,444 from the Centers for Disease Control, to provide AIDS prevention services for the period of January 1, 1993 to December 31, 1993.

(3.8) C.O. - AIDS - Renewal contract with the University of California, San Francisco/AIDS Health Project in the amount of $239,305 to provide AIDS prevention support services to men and women who self-identify as being at risk for AIDS for the period of July 1, 1992 through June 30, 1993. (DPH contracted with UCSF for services totaling $7,422,404 in FY 1991-92, exclusive of the affiliation agreement.)

(3.9) C.O. - AIDS - Renewal contract with Project Open Hand in the amount of $156,750 to provide for supplemental grocery distribution for persons with disabling HIV disease for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Project Open Hand for services totaling $469,065 in FY 1991-92.)

(3.10) C.O. - AIDS - Consideration of the Community United in Response to AIDS/SIDA (CURAS) audit report and recommendations.

(3.11) Update on contracting.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **CONSIDERATION OF A PROPOSED RESOLUTION ON THE PRINCIPLES FOR NATIONAL HEALTH SYSTEM REFORM**

6) **OTHER BUSINESS/PUBLIC COMMENTS***

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

# MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, October 20, 1992
3:00 P.M.
at
Carr Auditorium
1001 Potrero Avenue
San Francisco, CA 94110

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## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 4:15 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N. D.N.SC

Absent: Commissioner Rebecca P. Castaneda, D.D.S.

## 2) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF OCTOBER 6, 1992

Action Taken: The Commission adopted the minutes of October 6, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Arthur M. Jackson)

(3.1) Presentation of the FY 1991-92 fourth quarterly report for DPH.

Susan Ehrlich, Budget Director, reported the following:

In total, according to the Controller's closing reports, the Department was approximately $13.8 million (3.2%) below its revised revenue budget and $7.4 million (1.2%) underspent in its expenditure budget, resulting in an estimated net negative bottom line for the Department of $6.4 million, or about 1% of its total revised expenditure budget of $607 million.

These figures do not reflect the Department's actual operating budget or its performance in a number of important ways. First, as mentioned previously, the total expenditure figure of $607 million includes total revenues from and the local contribution for SB 855, so it overstates the true operating budget by the amount of the contribution, or $38 million. Second, the surpluses and deficits are an artifact of the way the budget was revised during the year. Specifically, the major increase to the revenue budget, SB 855, was included in the revisions to the budget, while the major revenue shortfall, realignment, was not. If all the revenue increases and decreases were reflected as a surplus or a deficit at year-end, the Department would have shown a $92.4 million increase in revenues overall, or a 28% increase.

When this is taken into account, overall the Department of Public Health recorded an impressive year where total revenues went well beyond budget in spite of significant losses in realignment revenues, and expenditures were essentially on target. There were revenue shortfalls in CPHS, Substance Abuse and in the Toxics Division, but the Department is addressing those issues for 1992-93 and should be able to meet its budget in those areas.

(3.2) Consideration of a supplemental for the SFGH Ward 86 renovation in the amount of $379,000.

Commissioner Ludington requested a progress report on this project.

(3.3) DMS - CSAS - Renewal contract with Bay Area Addiction, Research and Treatment, Inc. in the amount of $1,136,056 to provide outpatient methadone maintenance services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with BAART for services totaling $1,958,778 in FY 1991-92.)

(3.4) DMS - CSAS - Renewal contract with Friendship House Association of American Indians, Inc. in the amount of $200,636 to provide residential substance abuse, county master plan, training, and alcohol/drug free work place services for the term July 1, 1992 through June 30, 1993. (DPH contracted with Friendship House Association of American Indians, Inc. for services totaling $155,683 in FY 1991-92.)

(3.5) DMS - CMHS - Child & Family - Renewal contract with the Regents of the University of California, Center on Deafness, in the amount of $378,129 to provide outpatient, outreach and case management services to deaf individuals and their families for the period of July 1, 1992 through June 30, 1993.

This contract was referred to the Joint Conference Committee of DMSF for a 6-month follow-up for compliance to the Department's recommendations.

(3.6) C.O. - AIDS - Request to accept and expend a grant augmentation in the amount of $77,239 from the Centers for Disease Control, to provide supplemental funding to the AIDs Surveillance Project for the period of January 1, 1993 to December 31, 1993.

(3.7) C.O. - AIDS - Request to accept and expend a continuation grant in the amount of $6,029,444 from the Centers for Disease Control, to provide AIDS prevention services for the period of January 1, 1993 to December 31, 1993.

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(3.10) C.O. - AIDS - Consideration of the Community United in Response to AIDS/SIDA (CURAS) audit report and recommendations.

Jimmy Loyce, Associate Director of the AIDS Office, provided an overview of the history and audit report of CURAS (October 9, 1992 CURAS Audit Report of Findings and Recommendations on file in the Commission Office). He introduced members of the audit team who were present, Norman Nickens and Cynthia Goldstein of the Human Rights Commission, and Ed Lopatin of the Controller's Office. The new Board President of CURAS, Celinda Cantu, addressed the Commission by reviewing the Board's response to the AIDS Office and Controller's recommendations (on file in the Commission Office).

The Department is recommending, including all of the recommendations in the October 9, 1992 CURAS Audit Report of Findings and Recommendations, the following:

Given the deficits previously articulated in this Audit Report regarding the Board of Directors' lack of oversight, the fiscal concerns and absence of written case management psycho-social policies/procedures, unacceptable client files and absence of documented supervision for this component, the recommendation is for termination of CARE I and II funds supporting this service. This would, in effect, stop funding for direct client services by CURAS effective December 1, 1992.

The Prevention/Education component of this agency currently meets all the minimum standards established by the Department. This component has effective policy and procedures and is reaching a unique target population via this contracted program. The AIDS Office believes that with the termination of all other DPH contracts and restructure as recommended by the audit team, that the program will continue as an acceptable and much needed service in the community.

All Latino prevention services for Federal fiscal year 1993 (CDC Funds) and City fiscal year 1993-94 have been put out to bid. In order for the Department and CURAS to maintain any contractual relationship (assuming the recommendations in this report are adopted), they must be the successful bidder for services targeted to gay and bisexual Latino men. CURAS did not bid on the Latino General Community Prevention/Education RFP.

Public Speakers (in alphabetical order):

Valentin Aguirre - CURAS
William Brady - CURAS Rescue Committee
Enrique Bragyrac
Eduardo Catalan
Carmen Chavez/Robert Retang
Jose Cuellar
Diane Felix - CURAS
Bruce Fletcher - CURAS
Luis Alberto de la Garza - CURAS Rescue Committee
(Comments on file in the Commission Office)
Juan Pablo Gutierrez - CURAS, Co-Chair Rescue Committe
(Comments on file in the Commission Office)
Jesse Johnson
Julio Moreno
Laura Rivani
Juanita Riecoff - CURAS
Gladys Sandlin - Mission Neighborhood Health Center
Ben Silva
Jaime Vega - CURAS

Dr. Sandra Hernandez, Deputy Director for Community Public Health Services and the AIDS Office, reported that all clients will be transitioned and served by other agencies with bilingual, bicultural capabilities. The Department is committed to having these funds serve the Latino community. Dr. Hernandez pointed out that other community-based agencies are having problems in the area of accountability; and the Department is setting standards for all agencies.

Action Taken: The Budget Committee recommended to the full Commission to approve the Department's CURAS Audit Report of Findings and Recommendations (dated October 6, 1992), with the following additional stipulations:

1) that CURAS develop a policy of not allowing personal loans be given to staff for any reason;

2) that CURAS include on its Search Committee for a new Executive Director a representative from the AIDS Office, the Human Rights Commission, and the CURAS Rescue Committee.

(3.11) Update on contracting.

This item was continued to the November 3, 1992 meeting.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee. Commissioner Rosenstiel excused himself from the room to avoid any perception of conflict of interest in #3.10.

A special presentation from the Commission and the Department was given to Woody Hunter, Director of the Employees Assistance Program, who is retiring after 23 years of service to the Department. Supervisor Willie B. Kennedy, who had been present, also provided a commendation from the Board of Supervisors.

**4) DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

DPH BUDGET FY 92-93

- State Budget Cuts: Yesterday, the Board of Supervisors adopted the City budget based on the recommendations of the Finance Committee. Major unresolved issues include the Airport loan of $25 million and citywide furloughs. The Airport loan appears to be secure, but the meet and confer process for furloughs is continuing and the Civil Service Commission has not yet adopted a final ruling. DPH has $3 million at stake and is exploring options in implementing the furlough, as well as other reduction options if the furlough plan is not approved.

  Budget instructions for FY 1993-94 are expected on November 1. DPH budget staff, along with other city finance staff, will be working with the Mayor's Office to develop budget guidelines.

ADMINISTRATION

- Appointment of Director, AIDS Office: I am very pleased to announce the appointment of Mitchell H. Katz, M.D., as the new Director of the AIDS Office, effective November 1, 1992.

  Dr. Katz has served as the Chief, Research Branch, AIDS Office since 1991. He also serves as Assistant Clinical Professor of Medicine, Epidemiology and Biostatistics, UCSF and is an attending physician, AIDS Clinic and General Medicine, UCSF. Dr. Katz has held numerous academic, research and clinical positions related to HIV infection and care.

  With the appointment of Dr. Katz, the senior administrative appointments announced in August to reorganize our community-based programs will take effect. Ms. Flo Stroud will officially assume the position of Senior Deputy Director of Health for Community Health Programs and Dr. Sandra Hernandez will assume the position of County Health Officer and Deputy Director of Health for Community Public Health Services. Dr. Katz will report to Dr. Hernandez and will be a member of the Department's Executive Staff.

- Emergency Leadership Meeting on Health Care Cuts: Yesterday, I met with the leaders of the major organizations involved in providing health care for the poor and the uninsured in our City: the San Francisco Medical Society, the San Francisco Section of the West Bay Hospital Conference, and the San Francisco Community Clinic Consortium. This meeting had been scheduled earlier in response to their concerns regarding projected state and local budget cuts and the effect on health care for the City's poor and uninsured.

  As the safety net caregivers in San Francisco, the group has agreed to continue meeting to collectively plan for the redesign of the health care system in San Francisco to maintain our responsibilities.

- Special Cultural Skills Waiver: The City Attorney's Office has provided an analysis of the DPH proposal for an African American health service specialist waiver, similar to existing language and gay/lesbian waivers, to increase the number of experienced and culturally sensitive health service specialists serving African American patients.

The City Attorney's opinion states that qualifications for a cultural waiver must be based upon demonstrated cultural skills and abilities measured by education, training and work experience, and not race. DPH will be working with the City Attorney to ensure that our waiver proposal satisfies legal requirements and achieves our objectives of cultural competency.

Department staff will be reviewing the cultural competency needs of all communities in San Francisco. A Committee for Culturally Competent Systems of Care has already been established in the Division of Mental Health and Substance Abuse. Flo Stroud will be working to establish similar committees in other DPH divisions.

- National AIDS Update Conference: The Fifth Annual National AIDS Update Conference, "Integrating HIV/AIDS: A Shared Responsibility", sponsored by the San Francisco Department of Public Health and the California Association of Public Hospitals, was held on October 6-10 at the Civic Auditorium. Dr. Mary Pittman, President of CAPH and I cochaired the conference.

  Conference speakers included: Senator Paul Tsongas of Massachusetts, Congresswoman Nancy Pelosi, Mayor Frank Jordan, Dr. Paul Volberding, and Dr. Sandra Hernandez.

  2,000 conference participants attended over 90 workshops. Planning is underway for next year's AIDS Update Conference, tentatively scheduled for mid-October.

- County Hospital Week: The week of October 12-18 was officially designated County Hospital Week in California. The Mayor's Office issued a proclamation for both San Francisco General Hospital and Laguna Honda Hospital. At the Board of Supervisors, Supervisor Thomas Hsieh recognized the unique roles of SFGH and LHH in this City.

SAN FRANCISCO GENERAL HOSPITAL

- CALS Survey Awareness Week: In order to keep staff focused on the approaching JCAHO survey in December, October 13-16 was designated CALS Survey Awareness Week. During the noon hours, informational tables were set up and staff were quizzed in the following areas: patients right/ethics, infection control, life and fire safety, product safety, tuberculosis control, etc. The week concluded with a lunchtime picnic.

- Update on Poison Control: The Governor has not taken any action yet on the AB 861 amendment to provide a $1 million appropriation to poison centers statewide, although he indicated he would support the funding in his veto of the Poison Control Bill.

  All of the designated counties have indicated their interest and commitment in continuing to participate in the SF Regional Poison Center. Funding has already been received from some counties, and others are awaiting action by their Board of Supervisors.

  I will continue to keep you informed of new developments regarding the Poison Control Center.

- AIDS Memorial Garden: Friday, October 16, 1992 marked the third year of the SFGH Comfort Garden Memorial. The Comfort Garden was dedicated in 1990 as a living memorial to SFGH staff who have died. Each year, the gardeners have further developed the space and the garden has become an area to which both staff and patients go for a moment of peace and reflection. Donated funds have purchased plants and trees, as well as a bird bath.

- Information Systems Education: As part of an ongoing series of Information Systems Education Seminars, Shared Medical Systems (SMS) will make a presentation to DPH staff on Monday, October 26 from 1-5 pm in Carr Auditorium. SMS will highlight their information systems in relation to the implementation of Managed Care.

COMMUNITY PUBLIC HEALTH SERVICES

- Tuberculosis Conference: The second Tuberculosis Forum, jointly sponsored by the Department of Public Health, San Francisco Medical Society and the American Lung Association of San Francisco will be held at the UCSF Laurel Heights Conference Center Auditorium on Wednesday, November 11, from 1:30-5:30 pm.

  This half-day conference is designed to meet the needs of the practicing clinician for updated information on the identification, prevention and treatment of tuberculosis, including issues of TB in immune-compromised patients, drug-resistant TB, and occupational concerns. The first forum in September was for the lay public.

AIDS OFFICE

- Year 3 Ryan White CARE Appropriations: The President signed the Year 3 Ryan White CARE appropriations on October 6, 1992. Title I will receive $184.815 million, a 34% increase; Title II will receive $115.394 million, a 7% increase; and Title III(a) $47.983 million, a 4% decrease.

  San Francisco's CARE Formula application will be due to HRSA by November 20, 1992. Given the increase in Title I funding, San Francisco can expect to receive a total between $24 million and $27 million in Year 3 of this disaster relief program, approximately $7 million more than Year 2.

DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE

- Federal Substance Abuse Funding: On October 8, I had the pleasure of joining the Mayor and members of the Board of Supervisors at a press conference where Congresswoman Nancy Pelosi announced San Francisco will receive a total of $7.1 million in federal funds for substance abuse treatment.

  Dr. Wayne Clark, Director of Community Substance Abuse Services worked successfully with Congresswoman Pelosi's office to identify specific funds for San Francisco. $2.4 million in ADMHS Block Grants and $4.7 million in Asset Forfeit Seizure Funds have been earmarked for San Francisco's Waiting List Programs, Bridge to Treatment for Needle Exchange, and other established local priorities.

SEPTEMBER STATISTICS

- San Francisco General Hospital

Inpatient

| | | |
|---|---|---|
| Average Daily Census | (except newborns): | 306 |
| Newborn Nursery: | | 24 |
| Actual Patient Days | (except newborns): | 9,491 |
| Newborn Nursery: | | 727 |
| Admissions | (except newborns): | 1,448 |
| Newborn Nursery: | | 168 |
| Average Length of Stay | (except newborns): | 7 |
| Newborn Nursery: | | 5 |
| Discharge Patient Days | (except newborns): | 9,320 |
| Newborn Nursery: | | 767 |
| Discharges | (except newborns): | 1,443 |
| Newborn Nursery: | | 159 |

Outpatient Visits

| | |
|---|---|
| Primary Health | |
| Family Health: | 2,813 |
| General Medicine: | 1,890 |
| Pediatric: | 2,804 |
| OB/GYN: | 2,606 |
| Specialty Clinics: | 9,878 |

Emergency Room Visits

| | |
|---|---|
| Psychiatric Emergency Services: | 319 |

- CPHS - Primary Care Visits for Health Centers

| | |
|---|---|
| Health Center #1: | 1,361 |
| Health Center #2: | 345 |
| Health Center #3: | 524 |
| Health Center #4: | 1,111 |
| Health Center #5: | 894 |
| Tom Waddell Clinic: | 2,715 |
| Potrero Hill Health Center: | 616 |
| Southeast Health Center: | 722 |
| Special Programs for Youth: | 2,046 |
| TOTAL VISITS: | 10,334 |

Disease Control

| | |
|---|---|
| TB Clinic: | 2,219 |
| City Clinic: | 1,923 |

CREDENTIALING ACTIONS

- Laguna Honda Hospital: On behalf of the governing body, I have approved medical staff applications for Laguna Honda medical staff:

| | |
|---|---|
| Dentists: | 2 |
| Physicians, on-call night & weekend: (including one part-time day staff) | 4 |

Details are available in the Commission Office.

5) CONSIDERATION OF A PROPOSED RESOLUTION ON THE PRINCIPLES FOR NATIONAL HEALTH SYSTEM REFORM

President Underwood reported that the proposed resolution endorsing principles for health system reform had input from the Commissioners, the public through two public hearings, the private and public sectors, the Department of Public Health executive staff, and health advocates.

Commissioner Chow requested the two following amendments to the resolution:

a) to add "portability" to principle #9 (reform of current private insurance marketplace); and

b) to add the concept of "reasonable deductibles" based on ability to pay to principle #6 (financing).

Action Taken: The Commission adopted Resolution #10-92 (Attachment A), with the incorporation of the amendments. This resolution will be transmitted to the Mayor and the Board of Supervisors.

6) OTHER BUSINESS/PUBLIC COMMENTS*

Public Comments: Nathan Nayman, Hospital Council.

The meeting was adjourned at 4:55 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary
to the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 10-92

RESOLUTION ENDORSING PRINCIPLES FOR HEALTH SYSTEM REFORM
FOR THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

WHEREAS, there is an acknowledged crisis of cost and access in the current health care system: 37 million Americans have no health care insurance, an additional 15 to 30 million have inadequate insurance, and health care costs account for 12% of the gross national product; and, in 1990, the U.S. spent 48-162 percent more per capita on health care than the United Kingdom, Canada, Germany, and Japan, and;

WHEREAS, health care services should be responsive to the increasing cultural diversity of San Francisco and the United States, and;

WHEREAS, health system reform should address the inequities of the current system by including women and cultural and ethnic minorities in all levels of management, administration, and provision of direct care, and;

WHEREAS, the San Francisco Department of Public Health seeks to promote the health and well-being of all San Franciscans by providing a continuum of health and mental health care services, surveillance, health promotion and disease prevention, as well as planning and promoting sound public policies for public health and health care delivery, and;

WHEREAS, the San Francisco Department of Public Health has ongoing collaborative relationships with providers in the private sector, including individual practitioners, community clinics, hospitals, and other organizations that will also be affected by health system reform, and;

WHEREAS, as the primary provider of care to San Francisco's growing uninsured and underinsured populations, the Department of Public Health has a critical interest in the development of proposals for both comprehensive and incremental reform of the health system, and;

WHEREAS, many members of Congress as well as the California State Legislature are drafting health care reform legislation which would specifically affect SFDPH's services and the population of the City and County of San Francisco, now, therefore; be it

RESOLVED, that the Health Commission endorse the following principles to serve as a guide in developing and evaluating policy proposals to reform the current health care system:

1) Universal coverage: Health system reform must guarantee health care as a right, not a privilege, with universal coverage and access for all people who live in California and in the United States, regardless of culture, class, ethnicity, and sexual orientation. Ideally, access to care should not be determined by employment status.

2) **Role of public health departments and public sector providers:** Public health departments provide essential population-focused health promotion and disease prevention services that are not typically included as part of individual health care benefits through insurance coverage. Examples of these services include disease control and surveillance, health education, public health nursing services, disaster planning, health planning, emergency medical services, and environmental protection services. These services must be recognized and adequately funded in any health reform plan.

Even under the most comprehensive national plan, public sector providers will be essential to any health care delivery system for at least three reasons: First, the public sector must always be ready to respond to health care crises, such as the HIV epidemic and TB. Second, the public sector must be available to provide services to those who do not have access to other providers. Finally, there will always be individuals whose circumstances have not been planned for in the comprehensive health care plan, and services need to be available to them through the public sector. SFDPH believes it is absolutely essential to provide access for persons who are not able to receive appropriate health care service in other ways through the preservation of a strong and well-financed institutional safety net.

3) **Comprehensive benefits:** There must be a guaranteed broad-based benefit package that emphasizes coordinated preventive and primary care services for individuals. Covered services must include a full continuum of care from preventive to acute to longterm care services, with an emphasis on disease prevention and health promotion programs which will assist in long-term cost containment. The plan should also include specified programs currently provided by public health departments, including mental health, family planning, long-term care, and substance abuse services.

4) **Payment mechanism:** There must be uniform payment rates for services to all patients that reflect the cost of care. The payment mechanism should not give providers an incentive to serve one person versus another.

5) **Cost containment:** Health reform must include a package of cost containment measures to control operating and capital expenses because excess costs ultimately limit access to services. These measures should be based on appropriate regulatory provisions and should cover all components of the health system, without creating barriers to appropriate care. Appropriate cost controls include evaluations of technology and procedures, utilization of the most appropriate procedures at the most appropriate level of care, resource planning for distribution of capital and medical technology, and global budgeting.

6) **Financing:** Health reform must acknowledge that individuals in society ultimately will pay for the financing of any health system. The health system should be financed through a combination of progressive financing mechanisms that reflect ability to pay. Progressive financing mechanisms could include tax incentives, broad-based taxes, and premium base approaches. Copayments and deductibles, where included, should be reasonable and based on ability to pay.

7) **Quality assurance:** There must be mechanisms and safeguards to ensure effective and efficient organization of services and high quality care. Mechanisms should include a process of appeal to ensure that patient rights are respected. Quality assurance should also address cultural competence of care and assess whether culturally and linguistically appropriate services are being delivered.

8) **Development of health workforce:** Comprehensive health system reform must include support for the education and training of health care workers to ensure: (1) adequate financing, (2) appropriate supply and distribution of workers, geographically and across specialties, (3) affirmative action to reach the goal of appropriate representation of all cultural and ethnic minorities in the health care workforce, and (4) culturally competent care through multicultural education and training of all providers.

9) **Reform of current private insurance marketplace:** Any plan that continues to rely on the private insurance market must make the following reforms: (1) reinstatement of community rating, (2) guaranteed issuance and guaranteed renewability, (3) elimination of pre-existing conditions limitation, (4) fraud control, (5) affordability, and (6) portability. Reform should also eliminate the duplicative direct and indirect administrative costs of a multi-payor, multi-eligibility system.

10) **Ongoing planning and evaluation with consumers, communities and providers:** To ensure accountability to providers and consumer communities, and the protection and promotion of consumer rights, there must be mechanisms to ensure ongoing planning and evaluation of the system. These mechanisms include consumer satisfaction surveys, community-based needs assessment, measures of quality of care, technology assessment, and diverse representation on all advisory committees, and; be it

FURTHER RESOLVED, that the Health Commission directs the Director of Public Health to advocate for these principles and participate in developing policies for health care reform at the State and Federal level.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of October 20, 1992.

Sandy Ouye Mori
Executive Secretary to the Health Commission

SF

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

SF
H20
#1
11/3/92

## AGENDA

## HEALTH COMMISSION MEETING

November 3 , 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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**THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.**

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE SPECIAL MEETING OF OCTOBER 20, 1992

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Edward A. Chow)

(3.1) CPHS - Epidemiology & Disease Control - Renewal contract with UCSF, Department of Infectious Disease, in the amount of $477,740/yr, to provide development of an enhanced HIV counseling model for STD Clinic Clients for the period of September 30, 1992 through September 29, 1996. (DPH contracted with UCSF for services totaling $7,422,404 in FY 1991-92, exclusive of the Affiliation Agreement.)

(3.2) CPHS - Family Health - Request to apply for, accept and expend a grant in the amount of $358,922 from the California Planning Council, Inc., for the continuation of family planning services for the period of January 1, 1993 to December 31, 1993.

(3.3) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $566,947 from the Centers for Disease Control, to provide clinical and educational services for women at risk for HIV infection in non-traditional family planning settings for the period of September 30, 1992 to September 29, 1993.

(3.4) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $502,010 from the Centers for Disease Control for the continuation of the research and demonstration project to prevent HIV infection in women and infants for the period of September 30, 1992 to September 29, 1993.

(3.5) CPHS - Family Health - Request to apply for, accept and expend an augmentation to a prior grant in the amount of $20,000 from the California Family Planning Council, Inc., for the continuation of family planning services and purchase of special medical equipment for the period of January 1, 1992 to December 31, 1992, the term of the original grant.

(3.6) CPHS - Health Promotion - New Joint Venture Contract with Kopell & Associates and Maureen O'Rorke Public Relations and Advertising, in the amount of $290,377, for Implementation of a Smoke-Free Environment Campaign for the period of December 1, 1992 through November 30, 1993.

(3.7) CPHS - Administration - Renewal contract with Bayview Hunter's Point Foundation, in the amount of $153,839, to provide primary health care/substance abuse treatment linkage services for the PALS Project for the period of October 1, 1992 through September 30, 1993. (DPH contracted with BVHP for services totaling $7,754,005 in FY 1991-92.)

(3.8) CPHS - Administration - Renewal contract with Haight Ashbury Free Clinics, in the amount of $197,225, to provide primary health care/substance abuse treatment linkage services through the PALS Project for the period of October 1, 1992 through September 30, 1993. (DPH contracted with Haight Ashbury Free Clinics for services totaling $4,352,055 in FY 1991-92.)

(3.9) C.O. - AIDS - Renewal contract with 18th Street Services, in the amount of $112,599, to provide HIV/AIDS prevention education to gay/bisexual men substance abusers for the period of July 1, 1992 through June 30, 1993. (DPH contracted with 18th Street Services for services totaling $218,900 in FY 1991-92.)

(3.10) C.O. - AIDS - Renewal contract with the California Prostitutes Education Project, in the amount of $161,837, to provide street outreach concerning HIV risks to out-of-treatment IV drug users, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with CAL-PEP for services totaling $167,794 in FY 1991-92.)

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(3.12) C.O. - AIDS - Renewal contract with Glide Foundation, in the amount of $62,007, to provide HIV/AIDS prevention education to residents of the Tenderloin area with emphasis on African Americans for the period of July 1. 1992 through June 30, 1993. (DPH contracted with Glide Foundation for services totaling $172,999 in FY 1991-92.)

(3.13) C.O. - AIDS - Sole source request and renewal contract with Hispanic Headquarters Advertising, as fiscal agent for the Latino Consortium, in the amount of $108,945, to provide HIV/STD prevention education to injection drug users and their partners and high risk members of the general Latino community, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Hispanic Headquarters Advertising for services totaling $153,332 for FY 1991-92.)

(3.14) C.O. - AIDS - Renewal contract with the San Francisco AIDS Foundation, in the amount of $130,000, to provide outreach education services concerning HIV antibody testing to the general population of san Francisco, for the period of January 1, 1992 through December 31, 1992. (DPH contracted with S.F. AIDS Foundation for services totaling $1,738,656 in FY 1991-92.)

(3.15) C.O. - AIDS - Renewal contract with the San Francisco AIDS Foundation, in the amount of $593,804 to provide emergency housing, financial benefits advocacy, multicultural/bilingual services and an HIV newsletter for persons with HIV/AIDS for the period of July 1, 1992 through June 30, 1993. (DPH contracted with S.F. AIDS Foundation for services totaling $1,738,656 in FY 1991-92.)

(3.16) DMS - CMHS - Adult Community - Renewal contract with Regents of the University of California, SFGH, Department of Psychiatry, in the amount of $1,385,919, to provide outpatient, case management, and outreach services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with UCSF for services totaling $7,422,404 in FY 1991-92, exclusive of the Affiliation Agreement.)

(3.17) DMS - CMHS - Child & Family - Renewal contract with St. Mary's Hospital and Medical Center (dba McAuley Neuropsychiatric Institute) in the amount of $196,524 to provide adolescent inpatient, partial hospitalization and transitional (outpatient) services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with St. Mary's Hospital and Medical Center for services totaling $1,137,071 in FY 1991-92.)

(3.18) Consideration of lease between Department of Public Health-Division of Mental Health and Leroy and Kathy Looper for the Chateau Agape located at 827 Guerrero Street for use as a residential mental health care facility.

(3.19) Update on Contracting.

4) **DIRECTOR'S REPORT**
(Florence Stroud, MN, MPH)

5) **CONSIDERATION OF A RESOLUTION TO PARTICIPATE IN THE HEALTHY CITIES PROJECT**

6) **OVERVIEW OF CHANGES IN THE HEALTH SERVICES DELIVERY SYSTEM**

- Mental Health Plan
- Primary Care Linkages

7) **OTHER BUSINESS/PUBLIC COMMENTS***

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL: (415) 554-2666

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## MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, November 3, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:02 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Pierre R. Ludington
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N. D.N.SC

Absent: Commissioner Margel F. Kaufman

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF OCTOBER 20, 1992

Action Taken: The Commission adopted the minutes of the regular meeting of October 20, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Edward A. Chow, M.D.)

(3.1) CPHS - Epidemiology & Disease Control - Renewal contract with UCSF, Department of Infectious Disease, in the amount of $477,740/yr., to provide development of an enhanced HIV counseling model for STD Clinic Clients for the period of September 30, 1992 through September 29, 1996. (DPH contracted with UCSF for services totaling $7,422,404 in FY 1991-92, exclusive of the Affiliation Agreement.)

(3.2) CPHS - Family Health - Request to apply for, accept and expend a grant in the amount of $358,922 from the California Planning Council, Inc., for the continuation of family planning services for the period of January 1, 1993 to December 31, 1993.

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(3.4) CPHS - Family Health - Request to accept and expend a continuation grant in the amount of $502,010 from the Centers for Disease Control for the continuation of the research and demonstration project to prevent HIV infection in women and infants for the period of September 30, 1992 to September 29, 1993.

Commissioner Chow requested the Department to have a mechanism to provide the Commission with results and findings of research grants.

(3.5) CPHS - Family Health - Request to apply for, accept and expend an augmentation to a prior grant in the amount of $20,000 from the California Family Planning Council, Inc., for the continuation of family planning services and purchase of special medical equipment for the period of January 1, 1992 to December 31, 1992, the term of the original grant.

(3.6) CPHS - Health Promotion - New Joint Venture Contract with Kopell & Associates and Maureen O'Rorke Public Relations and Advertising, in the amount of $290,377, for Implementation of a Smoke-Free Environment Campaign for the period of December 1, 1992 through November 30, 1993.

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Commissioner Jackson commented on the small number of clients served by some of the contractors, thereby raising the potential of merging some programs.

Commissioner Ludington raised the need to have a standardized definition of case management.

(3.9) C.O. - AIDS - Renewal contract with 18th Street Services, in the amount of $112,599, to provide HIV/AIDS prevention education to gay/bisexual men substance abusers for the period of July 1, 1992 through June 30, 1993. (DPH contracted with 18th Street Services for services totaling $218,900 in FY 1991-92.)

(3.10) C.O. - AIDS - Renewal contract with the California Prostitutes Education Project, in the amount of $161,837, to provide street outreach concerning HIV risks to out-of-treatment IV drug users, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with CAL-PEP for services totaling $167,794 in FY 1991-92.)

Commissioners requested the Department:

a) to confirm that the requested information from the contractor by November 15, 1992 has been submitted to the AIDS Office;

b) to provide information on what the total budget of the contractor is;

c) within 90 days, to provide a written report and presentation to the Budget Committee on the monitoring progress of the contractor; and

d) to request the presence of a representative of the contractor at that Budget Committee meeting.

(3.11) C.O. - AIDS - Renewal contract with Catholic Charities of San Francisco, in the amount of $73,022, to provide continued support for Rita da Cascia House as a safe, secure residence for women and families with symptomatic HIV infection for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Catholic Charities of S.F. for services totaling $1,373,252 in FY 1991-92.)

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This item was postponed to the November 17, 1992 Budget Committee meeting.

(3.13) C.O. - AIDS - Sole source request and renewal contract with Hispanic Headquarters Advertising, as fiscal agent for the Latino Consortium, in the amount of $108,945, to provide HIV/STD prevention education to injection drug users and their partners and high risk members of the general Latino community, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Hispanic Headquarters Advertising for services totaling $153,332 for FY 1991-92.)

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Jimmy Loyce, Associate Director of the AIDS Office, reported that the Department will be reallocating these funds to augment testing capabilities and discontinue the marketing aspect. Commissioner Ludington was assured that anonymous testing will be available.

(3.15) C.O. - AIDS - Renewal contract with the San Francisco AIDS Foundation, in the amount of $593,804 to provide emergency housing, financial benefits advocacy, multicultural/bilingual services and an HIV newsletter for persons with HIV/AIDS for the period of July 1, 1992 through June 30, 1993. (DPH contracted with S.F. AIDS Foundation for services totaling $1,738,656 in FY 1991-92.)

Commissioner Ludington stated that the intent of the Commission policy on board and staff composition is to work towards a balanced composition.

(3.16) DMS - CMHS - Adult Community - Renewal contract with Regents of the University of California, SFGH, Department of Psychiatry, in the amount of $1,385,919, to provide outpatient, case management, and outreach services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with UCSF for services totaling $7,422,404 in FY 1991-92, exclusive of the Affiliation Agreement.)

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Commissioners approved renewal for 1992-93 and requested that next year's (1993-94) renewal for this contract be brought to the Budget Committee for review. Commissioner Chow commented that there needs to be improvement in the staffing composition since there has been no improvement within the last three fiscal years.

(3.18) Consideration of lease between Department of Public Health-Division of Mental Health and Leroy and Kathy Looper for the Chateau Agape located at 827 Guerrero Street for use as a residential mental health care facility.

This item was postponed to a future meeting.

(3.19) Update on Contracting.

Commissioner Ludington expressed his concern on the necessity to minimize the enormous amount of paperwork in the contracting process and inquired about the status of the master contract concept. Dr. Larry Meredith, Deputy Director of Operations, reported that the Department has the master contracting concept as one of its goals.

Public Speaker: Edward Benner

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with specific requests and deferring items #3.12 and 3.18.

**4) DIRECTOR'S REPORT**

(Flo Stroud, Senior Deputy Director)

FY 93-94 BUDGET INSTRUCTIONS

- Mayor's Budget Instructions: Yesterday, the Mayor issued budget instructions for the 1993-94 budget. The picture is extremely grim. The Mayor concluded his instructions to departments with the following statement: "I realize that the 1993-94 budget will pose a significant hardship for all City departments, both large and small. The City must understand that the grim economic realities of the future force us to take drastic measures to maintain fiscal stability".

The most significant aspect of the instructions is that the Department will be required to absorb all uncontrollable fixed costs, including standardization. Inflation and standardization has cost as much as $40 million departmentwide in previous years.

The Department will be working with the Mayor's Office to get clarification on all aspects of the instructions and will be reporting to you with a more detailed analysis of the instructions as well as a timeline for moving forward on the DPH 1993-94 proposed budget

U.S. CONFERENCE OF LOCAL HEALTH OFFICERS

- Board of Trustees: Dr. Baxter was recently informed he was elected to the Board of Trustees of the United States Conference of Local Health Officers. Installation ceremonies will take place at the USCLH Annual Meeting on November 8 in Washington, D.C. Dr. Baxter will be in Washington in conjunction with the American Public Health Association Annual Conference that takes place next week.

SAN FRANCISCO GENERAL HOSPITAL

- Poison Control Funding Update: Last week Governor Wilson signed into law AB 861 (Connelly), which appropriates $1 million to poison control centers statewide. It is not yet clear how much of this amount the San Francisco Bay Area Regional Poison Control Center will receive, but is expected to be at least $140,000. With these funds and the commitments received to date from other counties, the SFBARPCC will be fully funded for the remainder of the fiscal year.

  The Department continues to work on a permanent, fair solution to the dilemma of funding the SFBARPCC through two primary sources: getting firm commitments from the other counties served by the Poison Control Center for their fair share contributions, and potentially sponsoring new state legislation during the next state legislative session. Currently, three counties other than San Francisco are contributing their full fair shares. Three other counties have committed a partial share and two counties are still seeking commitments from their Boards of Supervisors. The Department is considering measures to provide incentives to these counties to contribute their fair shares.

  With respect to state legislation, Tom Kearney is convening a meeting this month of the state poison center directors, legislative staff, and statewide associations and groups to decide what type of funding mechanism would be the best to pursue through new legislation.

- CAPH/PHI Award: The Medical/Psychiatric Unit won the California Association of Public Hospitals/Public Health Institute Management Excellence Award. As top honor winners, the unit will receive a $750.00 scholarship.

  In response to concerns expressed by the Health Commission and needs identified by a departmentwide committee for programs designed to provide care for patients with psychiatric and medical problems, the Department of Nursing at SFGH implemented the development of a six bed Medical-Psychiatric Unit in early 1991 to provide care for patients with acute medical/surgical and psychiatric diagnoses.

  This effort has resulted in consistent, specialized, and coordinated care that has a positive financial impact.

- Appointment of Chief, Orthopedic Surgery: By unanimous recommendation of the search committee, Guy Paiement, M.D., has been appointed to the position of Chief, Division of Orthopedic Surgery.

- California Energy Commission's Energy Partnership Program: At the Department Heads meeting on October 26, Dr. Baxter had the pleasure of reporting to the Mayor that the City and County of San Francisco has been selected by the California Energy Commission to receive the Outstanding Energy Achievement in Local Government Award.

The award recognizes local commitments to reduce energy use in city facilities. San Francisco has aggressively sought to maximize the energy efficiency of San Francisco General Hospital and the County Jail.

SFGH will save approximately 30% of its annual lighting costs by installing occupancy sensors where lights are frequently left on in empty rooms.

- Civic Day Contest: Marie Vorrises, a student at Mercy High School, was recently selected as the first place winner in the Civic Day Contest by the Mayor's Office. At the Department Heads meeting on October 26, Mayor Jordan honored Marie by issuing a proclamation naming Monday, October 26 as "Marie Vorrises Day" in San Francisco. Marie is the daughter of Jim Vorrises, the Director of Reimbursement and Cost Accounting at SFGH.

COMMUNITY PUBLIC HEALTH SERVICES

- AIDS Office/Expansion of CDC AIDS Definition: Last week, the Centers for Disease Control announced plans to go ahead with an expanded AIDS case definition. The expanded definition will include anyone with a CD4 lymphocyte count below 200 cells as first proposed by the CDC in November 1991. In addition, the new definition will add the following three diagnoses to the current list of AIDS diagnoses: pulmonary tuberculosis, recurrent bacterial pneumonia, and invasive cervical cancer in HIV-infected persons. The effective date of this change is January 1, 1993.

  The AIDS Office estimates this new definition will double to triple the number of persons in San Francisco with an AIDS diagnosis. Commmunity groups are being sent a letter announcing the proposed change. The AIDS Office surveillance unit is also preparing to record patients who fit the new definition so that San Francisco can maintain its due share of federal AIDS dollars.

- AIDS Office/Case Management Program: The Case Management program in the AIDS Office, commonly known as Pilot Care and Medi-Cal Waiver, will be closed by the end of 1992. These programs, developed through grants from the State before funds were available in the community for homecare, attendant care and nursing services, were designed to utilize public health nurses and social workers to broker these services for people with AIDS in order to reduce the incidence of hospitalization. The increasing cost of staffing this program has risen over the years to the point that direct services can no longer be provided to patients. The State also funds both of these programs at Westside Community Services in San Francisco.

  After careful analysis, the AIDS Office decided not to apply for the renewal of the State grants for Pilot Care Services, which is currently funded through June 30, 1992, and the Medi-Cal Waiver, which expires on December 31, 1992. Instead the AIDS Office has entered into discussions with the State Office of AIDS to request an augmentation of the funding currently provided to Westside Community Services in the amount of funding previously awarded to SFDPH. This would allow the same number of patients to receive homecare services while increasing the funding available to fund direct care for patients.

  This decision is consistent with the Department's broader effort to consolidate funding in one agency better able to meet all of the objectives of the grant. The DPH personnel office is working with the existing employees to fill vacancies within the Department. The Department acknowledges the incredible tenacity, commitment, and professionalism with

which the Case Management team has worked to serve clients with AIDS. The AIDS Office will be working with Westside Community Services and the State Office of AIDS to assure a smooth transition of all active clients.

- Homeless Programs/Tom Waddell Clinic: The Department was notified recently that the Tom Waddell Clinic, part of the Homeless Programs, has been approved as a Federally Qualified Health Center (FQHC). Clinics that receive federal grant funds as a Migrant Health Center, Community Health Center or Stewart B. McKinney Homeless Assistance Act Health Care for the Homeless Program are automatically eligible to receive full-cost reimbursements under the Medicaid program. Since Medicaid reimbursements for outpatient services are typically well below actual costs, full-cost reimbursement as a Federally Qualified Health Center should substantially increase Medi-Cal revenues at the Tom Waddell Clinic.

  The full potential of increased Medi-Cal revenues at the Tom Waddell Clinic is not likely to be realized immediately. Because the clinic primarily serves single adults, only about 10% of the patient population is currently registered as Medi-Cal recipients. However, the eligibility unit within CPHS will assign eligibility workers to the clinic to attempt to verify current Medi-Cal status for a larger percentage of the patients. In addition, because the clinic sees many people who are mentally disabled or who have HIV infection, an aggressive SSI and Medi-Cal application component within the clinic should further increase the number of Medi-Cal patients registered. In the FY 1992-93 budget, Medi-Cal revenues of $200,000 have been projected for Tom Waddell Clinic.

  The language in the Omnibus Budget Reconciliation Act (OBRA) that established Federally Qualified Health Centers included provisions for clinics that, although not receiving federal grant funds under the specified programs, nevertheless "look like" those clinics - in short, serve a largely uninsured, underserved population. The Department has applied for FQHC status under this provision for both the SFGH Outpatient Department and the Health Centers administered through CPHS. Because of the potential cost implications, neither the Federal Health Care Finance Administration (HCFA) nor the State Medi-Cal Office have been inclined to approve those applications. Dr. Baxter will keep you posted on any progress that is made.

- Epidemiology and Disease Control/Hepatitis B Universal Infant Immunization Project: The Department held a press conference on Friday, October 31 to announce the beginning of the Hepatitis B Universal Infant Immunization Demonstration Project. The goal of the project is immunization of every infant resident in San Francisco against hepatitis B. A smaller project has been designed to examine the possibility of immunizing students in middle schools.

  Vaccine has been distributed to all the birthing hospitals in the city and to hospital pharmacies for distribution to private providers as well as to Health Department facilities. A letter has gone out to all providers who responded to an earlier survey as well as other pediatricians to inform them of the program.

  This project is funded through a CDC grant. Participants in the press conference included the President of the San Francisco Medical Society, representing the physician community; Dr. Beverly Bradley, representing the

School District; Dr. Moses Grossman, Chief of Pediatrics at San Francisco General Hospital; and Dr. Frances Taylor, Director of the DPH Epidemiology and Disease Control.

- Family Health/Update on "Gag" Rule: The U.S. Court of Appeals today upheld the U.S. District Court decision in NFPHRA v. Sullivan and barred further implementation of the gag rule pending a new rule-making procedure.

  This means that HHS would have to redraft the rule and give a rationale as to why physicians could counsel but other health care providers could not; publicize the rule; solicit public comment and issue a final rule. This could take from eight months to a year. However, Governor Clinton has promised that if elected, his first Executive Order as President would be to repeal the gag rule.

  All DPH sites were instructed today to remove all signs referring to pregnancy testing or counseling. The signs were posted last month to satisfy the compliance request from the funding agency.

- Health Center #4/Chinese Community Smoke-Free Project: Lei-Chun Fung, Health Educator at Health Center #4 has received two awards on behalf of two community smoke-free projects she has assisted in developing. The Chinese Community Smoke-Free Project was selected as one of the model programs to receive an Award of Distinction from the State Department of Health Services Tobacco Control Section. Ms. Fung serves as Assistant Director to the project which is sponsored by the Chinese Community Smoke-Free Coalition and Chinese Hospital. Services include smoking cessation classes in Chinese, physician outreach, and community education.

  The Chinese Community Health Education Council received an Award for Significant Contribution to Cancer Control at the American Cancer Society, SF Unit Annual Meeting on October 28. As a member of the Health Education Council, Ms. Fung helped the Council apply for an ACS grant to initiate the first "I Can Cope" program in Chinese. The program provides a cancer education and support program for 65 Chinese-speaking cancer patients and their families.

ADMINISTRATION

- Management Information System: Michael Peth, Director of the DPH Management Information System has announced his resignation. David Counter, Assistant Director of MIS, will assume responsibilities for MIS operations as Acting Director.

  Mr. Peth has directed the Department's MIS for the last six years, a period of tremendous growth. During this period, the Department established a professional MIS organization, upgraded the major revenue generating systems at all DPH divisions, designed and built the central data center, and standardized the Department's approach to network technology laying the groundwork for effective data sharing between divisions, city departments, and state agencies.

- DPH Emergency Response Exercise: Last Thursday, October 29, a tabletop exercise to review and clarify the operation of the DPH Plan for Disaster Response was held at the City's Emergency Command Center. All DPH staff with primary and secondary responsibilities in the DPH Incident Command System participated in the exercise which provided an overview of the DPH

organizational structure for disaster response using simulated DPH Command operations in various disaster scenarios. Dr. Baxter is Operations Commander for the DPH Incident Command System. Dr. Baxter and DPH staff with citywide responsibilities have also participated in exercises with other city departments. Another training exercise is planned in two or three months.

OCTOBER STATISTICS

- AIDS Statistics (from 7/1/81 to 10/31/92)

| | |
|---|---|
| Total San Francisco cases: | 13,215 |
| Total San Francisco deaths: | 9,674 |
| Total S.F. cases for October: | 187 |
| Total S.F. deaths for October: | 133 |

- Laguna Honda Hospital

| | |
|---|---|
| Average Daily Census: | 1,080 |
| Acute Med/Surg: | 4 |
| Acute Rehab: | 1 |
| Clarendon Hall: | 166 |
| AIDS SNF: | 10 |

- Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: | 80 |
| (12 beds for subacute/med complex care) | |
| Community Acute Psychiatric Beds: | 3 |

CREDENTIALING ACTIONS

- San Francisco General Hospital: On behalf of the governing body, Dr. Baxter approved the following appointments and reappointments of SFGH Medical Staff for October 1992:

| | |
|---|---|
| Appointments to the Active Staff: | 3 |
| Reappointments to the Active Staff: | 15 |
| Appointments to the Courtesy Staff: | 6 |
| Reappointments to the Courtesy Staff: | 11 |
| Appointments to the Affiliated Staff: | 1 |
| Reappointments to the Affiliated Staff: | 3 |

Details are available in the Commission Office.

5) **CONSIDERATION OF A RESOLUTION TO PARTICIPATE IN THE HEALTHY CITIES PROJECT**

Flo Stroud, Senior Deputy Director for Community Health Programs, gave an overview on the California Healthy Cities Project, which is part of a growing international public health movement focusing on the city and its total environment (physical surroundings, economic conditions, and social climate) as an area for health promotion activities. An International Healthy Cities Conference will take place in San Francisco in December 1993. No new funds will be attached to this project. The Department will build on existing program services.

Commissioner Castaneda requested dental services be included in the project goals, thereby having one of the project goals to be to "increase the number of children and youth who are appropriately involved in regular health, medical, and dental services."

Action Taken: The Commission adopted Resolution #11-92 (Attachment A) supporting the Healthy Cities concept and participation by DPH in the California Healthy Cities Project through the San Francisco Healthy Cities Project.

6) **OVERVIEW OF CHANGES IN THE HEALTH SERVICES DELIVERY SYSTEM**

President Underwood stated that the Commission requested the Department to provide an update on the changes in the health services delivery system, specifically in the mental health and primary care delivery systems.

A) Mental Health Plan

Jeff Jue, Deputy Director for Mental Health and Substance Abuse Services, provided an overview of the Mental Health System Reform (Attachment B).

Commissioner Jackson pointed out the intent of the Mental Health System Reform is:

a) to provide the most possible services to people most in need;
b) to provide community-based, culturally sensitive services; and
c) to have a single point of entry in each geographic cluster.

The policy issues which will come to the Commission include: a) identification of the most seriously mentally ill; and b) how to fund the services/programs.

President Underwood requested quarterly progress reports on the mental health system reform through the Director's Report and/or to include the progress reports as a Commission agenda item.

B) Primary Care Linkages

Dr. Sandra Hernandez, Deputy Director for Community Public Health and AIDS, presented the status of the primary care services in CPHS and linkages with SFGH (Attachment C).

President Underwood requested the Department to make a presentation to the Commission and the public in early 1993 on the concept of managed care in relationship to State and HCFA definitions.

7) **OTHER BUSINESS/PUBLIC COMMENTS**

Public Speaker: Edward Benner

The meeting was adjourned at 4:25 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary
to the Health Commission

Attachments (3)

**HEALTH COMMISSION**

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-92

## RESOLUTION SUPPORTING THE HEALTHY CITIES CONCEPT AND PARTICIPATION BY THE DEPARTMENT OF PUBLIC HEALTH IN THE CALIFORNIA HEALTHY CITIES PROJECT THROUGH THE SAN FRANCISCO HEALTHY CITIES PROJECT

WHEREAS, San Francisco has committed itself to improving the health status of children and youth through provision of General Fund dollars for children and youth services; its support of local advisory bodies; and passage of the Proposition J Ordinance; and,

WHEREAS, despite local commitment and support, health indicator data show that major public health problems affect San Francisco's children and youth, including low birth weight; maternal/parental drug abuse; communicable diseases; death due to accidents, homicides and suicide; child abuse and neglect and emotional disturbances; and,

WHEREAS, these diseases and/or health problems emanate from and/or are exacerbated by socioeconomic conditions; and,

WHEREAS, effective prevention and intervention efforts require a comprehensive, coordinated and integrated human services approach; and,

WHEREAS, the mission of the California Healthy Cities Project is to improve the health status of California residents by increasing the use of the Healthy Cities model for the promotion of health by local leaders, professionals, and residents within communities throughout the State; and,

WHEREAS, it is the intent of the Department of Public Health to address human services delivery issues that affect the health status of children and youth through developing and implementing the San Francisco Healthy Cities Project; and,

WHEREAS, approval of the San Francisco Healthy Cities Project by the California Healthy Cities Project will designate San Francisco as a California Healthy City; now, therefore, be it

RESOLVED, that the Health Commission supports the Healthy Cities concept and development and implementation of the San Francisco Healthy Cities Project; and, be it

FURTHER RESOLVED, that the Health Commission approves application by the Department of Public Health to the California Healthy Cities Project for approval of the San Francisco Healthy Cities Project and designation of San Francisco as a California Healthy City.

I hereby certify that the foregoing Resolution was adopted by the Health Commission at its meeting of Tuesday, November 3, 1992.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachment A

**City and County of San Francisco**

**Department of Public Health**
Division of Mental Health,
Substance Abuse and Forensic Services
1380 Howard Street
SF CA 94103
(415) 255-3400

October 28, 1992

**To:** Patricia Underwood, R.N., D.N.Sc.
President, Health Commission

**Through:** Raymond J. Baxter, Ph.D.
Director of Health

**From:** Jeffrey Jue, L.C.S.W.
Deputy Director for Mental Health
and Substance Abuse Services

**RE:** MENTAL HEALTH SYSTEM REFORM
**DMS Management Work Plan for FY 1992-93**

The Division is currently developing a management work plan which will facilitate major service delivery system changes. This memo briefly outlines the policy and budget issues that make these changes necessary and describes the plan for accomplishing these changes.

POLICY AND BUDGET ENVIRONMENT

The following events and initiatives form the policy environment in which we must work to develop a more integrated and responsive service system:

- DMS Strategic Plan -- This plan was completed in 1991 and has provided strategic direction for planning and program development in the Division.

- Budget Reductions -- Substantial budget reductions have occurred over the last several years and the economic forecast for the immediate future is poor. Community based support services must be developed to reduce reliance on high cost institution care.

Attachment B

- **Realignment** – This state legislation, passed in 1991, dramatically restructures the responsibility for mental health funding and transfers major policy decisions and funding for the delivery and organization of mental health services to the local level.

- **The "Rehab" Option** -- With approval pending by the Federal Health Care Financing Administration (HCFA) and State Department of Health Services, implementation is targeted by the State for July 1, 1993. The existing Short-Doyle/MediCal program will expand to include reimbursement for rehabilitation services. Features include:

    1. outpatient services to be provided out of the clinic,
    2. funding of rehabilitative services, such as residential treatment, job preparation and expanded day services
    3. requires coordinated systems of care

- **Managed Care** – Managed Care is a cost containment approach to health care that: plans, facilitates, and coordinates the timely delivery of care and services; considers and addresses both short and long term health care needs of patients in its health care planning; and emphasizes preventive care and behavior modifications that result in improved health status. (Department of Health Services). The State Department and the counties are studying plans and implementation strategies for consolidating private fee for service and Short-Doyle/MediCal services.

- **AB 3777** – This legislation, passed in 1989, created and funded three model pilot projects. The models being piloted are different approaches to delivering comprehensive and integrated services to clients with an emphasis on accountability, program flexibility and service outcomes.

PRINCIPLES

The following principles are derived from the above factors and serve to guide our work in restructuring the service delivery system.

- Services must be consumer guided, community based and culturally competent.

- Service priorities will concentrate resources on those with the most severe and serious illnesses.

- Resources will be redirected to community support programs which reduce reliance on institutional care.

- System accountability must be clearly stated in terms of who is to be served, what services or benefits they are to receive, how the quality of services are monitored and maintained, and to what extent consumer and system outcomes are achieved.

- Services must be organized in a system that is integrated and coordinated. The service system as a whole must be "user friendly" and coherent to the consumer. Access and movement within the system should appear "seamless."

- Services must be designed and delivered in the most cost-efficient and cost-effective manner driven by fiscal incentives based on performance.

- Service delivery and design are developed based on a partnership involving consumer, family members, providers, and the community.

- Programs should be developed with the goal of creating a Health and Human Services Model to serve the "whole" person.

VISION: ONE SYSTEM OF CARE

Services for the mentally ill adult make up the largest part of the mental health budget and service delivery system. The area will be the first priority for restructuring with future plans to phase in other service components such as children, geriatric and substance abuse services.

- **Organization** -- We envision one culturally competent system of care inclusive of all existing resources organized into six integrated service clusters. The system will be centrally administered for purposes of policy setting, planning and monitoring. Service operations will be decentralized. The creation of the Integrated Service Clusters will enable the programs to retain their community and neighborhood base while creating operationally integrated units with special population focus.

- **System of Care** -- Each cluster will serve as the single point of entry and case responisiblity. Care should be provided through teams who provide, coordinate or develop services that are individualized, flexible, continuous and readily accessible. Services should be designed to empower consumers to take greater responsibility for their care and promote outcomes which insure a good quality of life and successful living in the community.

- **Scope of Services** -- The core services available should include the following: immediate assistance 24 hours a day, comprehensive assessment, coordinated care planning, comprehensive treatment options and a full range of

community support programs in areas such as self-help/peer support groups, vocational housing, shelter, residential, and volunteer programs.

- **Special Populations Groups** -- The Integrated Service Clusters will each be assigned the responsibility for developing the treatment system for certain focused services to address special needs as presented by ethnic groups, homeless mentally ill, persons with HIV, sexual minorities, and dual diagnosis. The pooling of the Division's expertise, knowledge, and capability for special populations into one cluster will create the synergy to enhance the service capability as well as identifying the focal point for access to better articulate the needs and planned service responses.

- **Interagency Collaboration** -- The clusters will form the basis for service delivery partnerships beyond CMHS programs. Service linkages with other agencies at the cluster level and policy and planning linkages at the Division level should enhance the planning and coordination for service delivery. This should serve as a building block towards an integrated Health and Human Services delivery system.

WORK PLAN 92/93

The following are major areas in which significant planning and development work must be completed over the next three to nine months in order to appropriately respond to the issues facing the division. Each area is briefly described in terms of the kind tasks which need to be accomplished and the senior staff person who will be the lead person for each task. It is the expectation that each of these lead people will involve a cross section of other appropriate advisory bodies or persons in the development of their plans. Our intent is to have broad based participation to strengthen the partnership building process as we move towards system reforms. We will reach out to existing advisory bodies such as the MHAB, CAAB, DAAB, Consumer Task Force, Realignment Task Force, Provider Task Force and other constituent bodies.

| Major Planning Area | Lead Staff Person | Brief Description |
|---|---|---|
| •Inpatient Ward closure at SFGH | Alex Anagnos | Plan for reduced utilization. Establish pre and post care linkages. |
| •Napa bed reduction | Carmen Carrillo | Develop Transition Plan for bed reduction effective 1/1/93. |
| •Integrated Service System (clusters) | Linda Wang | Develop model for the integration of all service elements. |

| | | |
|---|---|---|
| •Administrative Consolidation | Bill McConnell | Develop plan for the integration of MH & CSAS Administrative functions. |
| •Clinic closure | Reiko True | Plan staff assignment and client disposition in preparation for closures effective 1/1/93. |
| •Furloughs & contracts | Monique Zmuda | Plan for furloughs and contract reductions. |
| •IMD Patch reduction and Bed Expansion | Jo Ruffin | Negotiate and modify contracts with IMD facilities. |
| Housing | Carmen Carrillo | Plan for development of Independent Housing Projects. |
| •Detox Services | Wayne Clark | Develop program proposal for detox services to reduce pressure on acute psychiatric system. |
| •Residential Care Enhancement | John Riggs | Plan and implement 50 bed expansion in residential care. |
| •Self-Help | Rinna Flohr | Work with consumers to develop expansion of self help services. |
| •Adult Services Structure | Jeff Jue | Re-organize and redefine Administrative tasks and duties in view of staff reductions. |
| •Rehabilitation Model | Jo Ruffin | Plan for implementation of new model of service delivery. |
| Managed Care | Jo Ruffin | Evaluate and plan for managed care models for the public mental health system. |
| Infection Control | Alberto Lopez | Development of infection control policies and procedures system-wide. |

## SUMMARY

It should be noted that the Management Work Plan outlined is in response to the budget actions for Fiscal Year 92-93. This budget crisis has provided us with the impetus and created the urgency to take the initiatives for reform for which there is general consensus. As a result of Realignment, it is our belief that there are ongoing Division-wide planning and work groups in process. The Division has formed working task forces in the areas of Consumer Guided Services, Cultural

Competence, Long Term Care, "L" Facility Program, Target Populations, and Client Outcomes. The work products of these groups are compatible with and will contribute positively to the objectives outlined in our 92-93 Management Work Plan.

We appreciate the support and input from Commissioners which brought us to this point and would welcome your thoughts as we move ahead. There are many challenges ahead, some of which are known and some of which have yet to surface. The direction that's been outlined will better serve our clients and the overall interest of the community at large.

M E M O R A N D U M

TO: The Honorable Patricia Underwood, R.N., D.N.Sc., President, and Members of the Health Commission

THRU: Raymond J. Baxter, Ph.D.
Director of Health

FROM: Sandra R. Hernandez, M.D.
Richard Cordova

RE: Status Report on Primary Care Linkages with SFGH/Linkage Committee

Purpose

This interdepartmental committee was developed several years ago to address operational, logistical, programmatic, and policy issues related to the implementation of primary care services in CPHS. In particular the committee has focused on re-engineering the primary care delivery system to achieve service efficiencies, integrated program components and enhanced quality of care for our patients. The role of SFGH in providing sub-specialty, emergency, acute, and ancillary care services for patients of the CPHS Primary Care Network has been strengthened significantly as a result of projects detailed below.

Membership

The committee is co-chaired by Richard Cordova and Sandra Hernandez and has had the support of the Chief of Staff at SFGH. Attached is the roster of committee members.

The committee functions in workgroups. These groups usually have SFGH and CPHS staff working together on a particular problem or issue. Monthly linkage meetings are used to follow up on recommendations from various working groups, and new issues are assigned to staff for further delineation and problem-solving.

Attachment C

Last year Dr. Nora Goldschlager, as Chief of Staff, was tremendously instrumental in working with Chiefs of Service to improve interactions and communications related to patient referrals and clinical consultations from CPHS clinicians to SFGH clinicians and back. Her leadership on this committee has improved the professional and collegial relationships between CPHS providers and SFGH providers and created an environment that continues to move us closer to our goal of working as an integrated department for the patients who rely on us for health care.

Activities

Patient Referral: Ms. Gloria Garcia Orme of SFGH's Patient Referral and Assistance unit prepares a monthly report of next available new patient clinic appointments. This report includes hospital-based clinic appointment availability in addition to CPHS primary care clinics. This report has been recently adapted to reflect systemwide trends in waiting times for new appointments in addition to patterns of HIV referral from this unit to primary care clinics throughout DPH. Also tracked are total number of referrals by month from the unit to the Primary Care Network.

As was previously reported to the Commission, the Patient Referral Unit and the SFGH emergency room are making efforts to refer most new patients with HIV disease to the Primary Care Network where we have been allocating grant funding to enhance capacity and to provide comprehensive HIV services.

The Primary Care Network clinics have developed a facilitated appointment scheduling for new HIV patient referrals. For example, Dr. Melissa Welch, Medical Director at Health Center #2 in the Western Edition, developed a special HIV new patient clinic to enhance new HIV patient referrals. All patients are seen in this clinic for an initial visit and then are scheduled for routine follow-up with one of the primary care clinic providers. This Access to AIDS Continuity Care Clinic (ATACC) has increased new referrals from two or three per month to 15 per month over the first quarter of this year. Last month 80% of all new HIV referrals from the Patient Referral Unit at SFGH were made within the Primary Care Network.

Efforts also continue at SFGH to decrease overcrowding on Ward 86 with clinic expansion and enhanced utilization of infusion services on 4C.

MIS: A major initiative has been developed to allow CPHS primary care clinicians to access SFGH laboratory data via computerized linkage to the SFGH laboratory. This project has been done with existing MIS resources, including excess hardware from the AIDS Office and expanded ports provided by SFGH Lab. Under this project, each health center will have a computer terminal which

will allow access of laboratory data via modum to SFGH Lab. This system has been pilot-tested at Health Center #4 and was found to work smoothly. To complete the project we are currently awaiting the receipt of modums, which are anticipated to arrive within the next few weeks. Representing a major advance in the delivery of primary care at the health centers, this project will ultimately eliminate our reliance on private laboratories for these services.

Laboratory/Phlebotomy: The Linkage Committee has been working deligently with the SFGH lab to make it the primary referral of all lab work ordered for primary care patients within CPHS. Mr. Ken Jensen has been working closely with CPHS staff to develop this project.

Southeast and Potrero Hill have phlebotomy on site which was preexisting to this expanded project. Currently, SFGH laboratory is now providing phlebotomy services at Health Centers #3, #4, and #5. We plan to expand phlebotomy to Health Center #1, and #2 in the near future and to Tom Waddell clinic by the end of the fiscal year.

Transportation of lab specimens drawn from the on-site phlebotomist at the health centers to SFGH lab is provided by CPHS vans and follows protocols set forth in the CPHS Infection Control Manual. Lab results which are critically abnormal are being reported back to the referring provider or to the on-call provider for the health center. Routine results will soon be completely accessible via computer terminal as discussed above.

Billing/Eligibility/Financial screening: The final component of the laboratory linkages between CPHS clinics and SFGH is eligibility and billing for laboratory services rendered at the Health Centers. Eligibility staff under the direction of Dee Picket at SFGH and billing staff under the direction of Bev Royer of CPHS have designed a system whereby eligibility data are collected by Health Center staff for patients for whom laboratory requests have been initiated. These data are then faxed to the SFGH Eligibility Office. The Billing Department at SFGH is both seeking reimbursement for all potential payor sources and documenting expenditure of services to the medically indigent adults and sliding scale patients. All revenues generated are part of the SFGH laboratory business plan.

There are several issues/problems which remain to be worked out in this critical component. Currently SFGH and CPHS use different sliding scales for client self pay. The accuracy of eligibility data from the health centers has not always been verified. All health centers have not yet obtained phlebotomy capability on site; therefore, sponsored clients continue in these cases to be referred to private labs, thus decreasing the percentage of sponsored clients for whom the hospital can bill. We are continuing to work on these problems as they are impacting on SFGH's ability to meet its revenue projections for

laboratory services. A major goal of this work is to standardize financial screening and to develop consistent policies and procedures for eligibility, financial screening, and billing within the two divisions.

Radiology: The Linkage Committee addressed the problem of CPHS clinicians and/or staff having to call SFGH to obtain hospital B#'s for patients being referred for radiology services. This was incredibly time consuming, inefficient, and frustrating. Joan Patropulos, Radiology Supervisor at SFGH, was able to clarify and simplify requirements for CPHS patient registration for radiologic procedures. Currently, patients may register themselves at the hospital prior to coming to Radiology. A list of special procedures which require scheduled appointments was developed and disseminated to CPHS clinicians. Only these procedures require obtaining a hospital # prior to the patient reporting to Radiology. This has greatly simplified access to radiology services at SFGH.

Pharmacy: The major emphasis of the Linkage Committee has been to decompress the SFGH pharmacy. This was particulary true during the acute loss of Propostion A pharmacy positions. In addition to the aggressive recruitment for pharmacist replacements to back fill these positions, it was decided to decentralize the State AIDS Drug Program out of the SFGH Pharmacy. With funding from the Ryan White CARE grant, the AIDS Office is developing a contract with Professional Management Development Corporation (PMDC), a local pharmaceutical distributor, to carry out dispensing in a network of community pharmacies. Regrettably, this process has been delayed pending the acquisition of 501C3 status by PMDC. Ryan White CARE legislation requires that grant funds be distributed only to non-profit entities. This contract is ready for Health Commission calendaring and review pending receipt of this outstanding document.

Stu Heard has been chairing a DPH Pharmacy Task Force which is working on a variety of issues. These include group purchasing, prime vendor services, decentralized dispensing, and program reviews by divisions.

CPHS patients currently receive pharmacy services in a variety of sites and under different programs depending on eligibility and sponsorship. These include: private pharmacy dispensing to patient with MediCal, MediCare, or third-party payors; private pay (out-of-pocket), the State ADP, Family Planning drug program, Mental Health drug program, on-site dispensing within the CPHS clinics (drugs supplied by SFGH Pharmacy), and at SFGH Pharmacy in the case specifically of medically indigent patients. These services are fragmented due to funding sources and due to the lack of a centralized management system for dispensing within CPHS.

CPHS is in the process of hiring a full-time Pharmacist to organize and administer pharmaceutical services within the CPHS Primary Care Network. This person will be responsible for site-by-site analysis of CPHS pharmacy services, quality assurance, development of a limited outpatient formulary for CPHS clinics, and oversight of on-sight dispensing and planning. Once hired, this individual will also serve on the DPH Pharmaceutical Task Force to continue to address department-wide pharmacy services.

Admissions: The Linkage Committee with the support of Dr. Goldschlager implemented a procedure for direct acute care admissions by CPHS clinicians to the Medicine Service at SFGH. A similar procedure has been effectively operating for direct admission to the Family Practice in-patient service. There has been no problem with this procedure since it was implemented almost a year ago.

Special Projects:

SFGH Directory of Outpatient Speciality Services
Gayling Gee developed a comprehensive directory of all clinical services available at SFGH. This was an enormous project as it required the cooperation of all service chiefs at SFGH. This directory has been disseminated throughout CPHS primary care centers and has greatly facilitated access of these sub-speciality services by clinicians in the health centers.

CPHS Patient Booklet
Marianne Balin and Garth Collins have been working jointly to produce patient booklets for each health center within CPHS. These booklets are currently in reproduction. They will contain a full listing of all services available at each of the health centers, in addition to phone numbers for specific appointments, clinic hours, language capability, and bus routes. These booklets will be made available to patients at SFGH who are being referred to the Primary Care Network from patient referral, the emergency room, and medical screening clinic. These brochures should be available within the next month.

Breast and Cervical Cancer Project
The Radiology Department at SFGH has agreed to serve as a BCCCP referral source for both diagnostic and screening mammograms. In addition, The Women's Health Center is a subcontractor on the BCCC Project. Cervical cytology, colposcopy directed biopsies, and mamography are being performed at SFGH through this project.

Ongoing Projects: There are a variety of ongoing projects being developed in Linkage Committee. These include paramedic procedures for client transportation from CPHS clinic sites to SFGH for clinical emergencies or unstable clinical situations that occasionally arise; Laboratory Consolidation Plan being developed to address fiscal constraints and quality assurance

issues for labs currently being done at 101 Grove for SFGH clients, e.g., VDRLs. This plan should be finalized and completed with timelines within this fiscal year. Other long term issues include the need for a universal client/patient identifier, the so-called PIDT project. This is to be taken up by the DPH MIS Executive Steering Committee at a meeting scheduled for December 1993. Policy decisions will need to take into account the 1993-94 budget restraints.

Summary:

It is important to acknowledge the work and on-going collabortion of both SFGH and CPHS administrative and clinical staff. This cooperative effort has significantly enhanced the efficiency and the quality of services we are providing to our patients. The technical support provided by SFGH staff to the Linkage Committee has been invaluable to the successes documented in this report.

LINKAGE COMMITTEE
ROSTER

Co-chairs: Richard Cordova, Executive Administrator of SFGHMC

Sandra R. Hernandez, M.D., County Health Officer and Deputy Director of Community Public Health Services and AIDS

Sharon Calcagno, Assistant Admiinistrator of MIS System

Bob Christmas, Associate Administrator of SFGHMC

Mary Cobbins, Radiology Representative

Katherine Eng, Administrator of Family Health Medical Center

Richard Fine, M.D.

Don Fink, M.D., Chief of Family and Community Medicine

Gloria Garcia-Orme, Head Nurse Medical Referral, SFGHMC

Gayling Gee, Assistant Director of Nursing

Nora Goldschlager, M.D., Representative of Medical Staff

Stuart Heard, Pharm. D., Director of SFGHMC Pharmacy

Ken Jensen, Lab Manager of Clinical Labs

Sharon Kennison, Billing Director of SFGHMC

Mary Anne McGuire-Hickey, Associate Administrator, CPHS

Diane Miller, Assistant Administrator, SFGHMC

Joan Patropolous, Radiology Representative

Madeline Peterson, Assistant Administrator SFGHMC

Dee Picket, SFGHMC Finance Department

Bev Royer, Director of Revenue Management, Health Centers

Bertha Saldevilla Dae, Administrator of Maternal Child Health Center

SAN FRANCISCO
HEALTH COMMISSION

November 17, 1992

The Agenda for this meeting is missing.

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Patricia R. Underwood, R.N., D.N.Sc.
President

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Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

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## MINUTES OF THE HEALTH COMMISSION MEETING

Tuesday, November 17, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:15 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington
Commissioner Patricia R. Underwood, R.N. D.N.SC

Absent: Commissioner Paul Rosenstiel

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 3, 1992

Action Taken: The Commission adopted the minutes of November 3, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Presentation of the Department of Public Health response to Controller's MIS Audit.

The Commission requested a follow-up on the Audit Report in six months.

(3.2) Consideration of a supplemental appropriation request in the total amount of $18,617,529 ($8,488,622 for Central Office; $10,128,907 for SFGH) to provide additional matching funds needed to maximize Medi-Cal revenues via SB 855.

(3.3) Department of Public Health first quarter revenue and expenditure report, 1992-93.

(3.4) C.O. - AIDS - contract renewal with Glide Foundation, in the amount of $62,007 to provide HIV/AIDS prevention education services to residents of the Tenderloin area, with emphasis on African Americans, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Glide Foundation for services totaling $172,999 in FY 1991-92.)

(3.5) C.O. - AIDS - Contract renewal with Polaris Research and Development, in the amount of $129,481 to provide multicultural awareness training to AIDS service providers, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Polaris Research and Development for services totaling $187,676 in FY 1991-92.)

(3.6) C.O. - AIDS - Renewal contract with Central City Hospitality House (CCHH), in the amount of $51,500 for the provision of AIDS/STD prevention information to homeless and runaway youth for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Central City Hospitality House for services totaling $560,716 in FY 1991-92.)

(3.7) C.O. - AIDS - Renewal contract with Genesis Church and Ecumenical Center-San Francisco Network Ministries who will act as the fiscal agent for the Tenderloin AIDS Resource Center, in the amount of $108,680 to provide AIDS prevention and education services for the people who live in the Tenderloin area of San Francisco for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Genesis Church for services totaling $158,260 in FY 1991-92.)

(3.8) C.O. - AIDS - Renewal contract with Shanti Project, in the amount of $1,416,176 to provide emotional and practical support, long term housing, and transportation services to persons with HIV/AIDS and their loved ones for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Shanti Project for services totaling $2,211,674 in FY 1991-92.)

(3.9) C.O. - AIDS - Renewal contract with San Francisco AIDS Foundation as fiscal agent and lead agency in a collaborative effort with the National Task Force on AIDS Prevention and the California Prostitutes Education Project, in the amount of $353,193 to provide HIV/AIDS prevention and education services to men who have sex with men, gay/bisexual African American males, transsexual and transgender individuals, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with San Francisco AIDS Foundation for services totaling $1,738,656 in FY 1991-92.)

The Commission referred to the Joint Conference Committee on Public Health, AIDS, and EMS that quarterly reviews be done on the California Prostitute Education Project. This request is in addition to the Commission request documented in the minutes of November 3, 1993 under #3.10 of the Consent Calendar of the Budget Committee.

(3.10) CPHS - Ordinance amending Chapter 19A, Article I of the San Francisco Administrative Code by adding Section 19A.32 authorizing the Department of Public Health, Community Public Health Services, to enter into a contract with the Metropolitan Transportation Commission to provide for homeless outreach services at the Transbay Terminal in San Francisco.

(3.11) DMS - CSAS - Request to accept and expend a subvention from the California Department of Alcohol and Drug Programs, in the amount of $49,988, to continue the development of a five year master plan for substance abuse services, for the period of July 1, 1992 to June 30, 1993.

Dr. Wayne Clark reported that the Master Plan for Substance Abuse will come before the Commission in December 1992.

(3.12) DMS - CSAS - Renewal contract with Women's Alcoholism Center, Inc. in the amount of $1,129,095 to provide residential and outpatient substance abuse treatment services to women and their families for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Women's Alcoholism Center, Inc. for services totaling $1,168,898 in FY 1991-92.)

(3.13) DMS - CMHS - Adult Community - Renewal contract with St. Mary Pharmacy Management Services in the amount of $630,120 per year, to provide community-based pharmacy services for the period of July 1, 1992 through June 30, 1995. (DPH contracted with St. Mary Pharmacy Management for services totaling $625,947 in FY 1991-92.)

(3.14) SFGH - Finance - Renewal contract with University of California, San Francisco (UCSF) Medical Center and UCSF Medical Group in the amount of $720,000 per year, to provide San Francisco General Hospital with tertiary care services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with UCSF for services totaling $7,422,404 in FY 1991-92, exclusive of the Affiliation Agreement.)

(3.15) SFGH - Finance - Renewal contract with HHL Financial Services, Inc. to provide an Uncompensated Care Recovery Program at San Francisco General Hospital (SFGH), for the period of January 1, 1993 through December 31, 1996. (DPH contracted with HHL Financial Services, Inc. for services totaling $825,147 in FY 1991-92.)

(3.16) Request for supplemental appropriation to transfer the Toxicology Laboratory from the Central Office to San Francisco General Hospital.

This item was postponed to a future meeting.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.16, which was postponed.

**4) DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

ADMINISTRATION

- Mayor's Budget Meeting: This morning, Commissioners Underwood, Rosenstiel, and Jackson along with Susan Ehrlich and I met with the Mayor and his budget staff for direction on preparing the Department of Public Health's FY 1993-94 budget.

  The Mayor's Office will not issue budget targets until all city departments' baseline budgets are reviewed at the end of the month. The Department of Public Health has been asked to identify budget reductions to absorb an estimated $40 million in uncontrollable fixed cost increases, including salary standardization.

  The Mayor has asked the Department to review and assess a number of proposals to reduce salaries, evaluate staff/patient ratios and staffing mixes; consolidate MIS functions; streamline accounting functions; consolidate AIDS services; and identify local matching funds for supportive housing services for homeless and special needs populations (AIDS, mental disabilities, and substance abuse problems).

  The Department will evaluate these proposals for the Commission's review and continue to work with the Mayor's Office in preparing the baseline budget for FY 1993-94.

- Prop D: Proposition D, the ballot measure to facilitate State and Federal reimbursement for lease financing of qualified capital improvements and equipment acquisition to save local general fund dollars and provide much

needed improvements throughout the Health Department, failed passage by 844 votes, or 50.1% to 49.8%, a difference of .3%. The Department will be seeking the approval of San Francisco voters again in 1993. The support of the Mayor and the Board of Supervisors for this initiative was very much appreciated, especially the leadership of Supervisor Tom Hsieh.

- Management Excellence Award: Last Thursday, Anthony Wagner, Executive Administrator of Laguna Honda Hospital was one of five city managers honored for excellence at the 1992 Public Managerial Excellence Awards Luncheon sponsored by the Mayor's Fiscal Advisory Committee, SPUR, and the Chamber of Commerce. Mr. Wagner was honored for achieving cost and operating efficiencies, increasing revenues, and maintaining high quality patient care.

  Congratulations to Mr. Wagner and the other four nominees from the Health Department: Scott Nakamura, Hazardous Waste Program Manager; Gene O'Connell, Assistant Director of Nursing, SFGH; Mary Slezak, Supervisor, Admitting Department, LHH; and Nancy Presson, Director, Children's Services, DMS. Gloria Louie, recently appointed Director of the DPH Equal Employment Opportunity Unit, was also recognized as one of the nominees from the Department of Social Services

- Jail Medical Services: On Friday, November 6, I received a letter from Sheriff Michael Hennessey informing me that the Health Department's role in providing jail medical services was about to be terminated based on a recent City Attorney opinion that the Sheriff has the authority to designate the providers of jail medical services. The analysis was prepared at the request of the Sheriff. The letter asked that I assign a maximum of two staff to serve on a review committee to assist in the development of an RFP for private medical services.

  There are policy and operational issues that need to be addressed and at my request, a meeting has been scheduled this week with the Mayor's Office, City Attorney, Sheriff Hennessey and me. Today, I received letters from Teamsters Union Local 856 and SEIU, Local 790 requesting a meet and confer process.

- Lead Poisoning Prevention Program: A hearing was held this morning at the Board of Supervisors' City Services Committee on legislation sponsored by Supervisor Kevin Shelley to establish a comprehensive lead hazard reduction program in San Francisco. The ordinance emphasizes education and outreach activities; requires investigations of cases of childhood lead poisoning; and establishes three advisory committees. The ordinance requires notification of lead test results to building occupants by the building owner in cases where the test results show concentrations of lead greater than the established minimum. I testified in support of the program. The current DPH budget includes 3 new positions to implement a lead poisoning prevention program among the city's children.

  In addition, the State successfully applied for a CDC grant for a joint Alameda County and San Francisco project through the Public Health Foundation for lead surveillance and poisoning prevention activities. One full-time and two part-time staff will be assigned to SFDPH. A third source of funding will be available soon through new state legislation (AB 2038). The exact amount and timing of this funding is not known at this time.

- 1992-93 Budget Cut Layoffs: The Department's Personnel Office is currently in the process of determining layoffs caused by the 92-93 budget cuts and

preparing the required 30 day notices. Layoffs are scheduled to be effective January 1, 1993 with employees to be notified no later than December 1, 1992. In order to avoid last minute problems, DPH will begin sending out layoff and reassignment notices on November 16 and continue through November 30.

In determining reassignments and layoffs, the primary concern is deleted positions which are filled with incumbents. This year, additional filled positions have to be identified in case the City does not implement an involuntary unpaid work furlough. In addition, a number of vacant positions will be deleted.

At this time, it has been determined that if a work furlough program is approved, 19 DPH positions will be deleted resulting in 11 layoffs, 10 reassignments and two staff who have voluntarily reduced to half-time (in the current year). Without a work furlough program, a second group of 14 positions will be deleted, resulting in 6 layoffs and 11 reassignments.

- Work Furlough Program: As a result of the State budget cuts, the DPH budget includes a reduction of $3 million based on a five day unpaid work furlough program for all DPH divisions. The plans were to close all but essential services during the December holiday week. City employee unions have taken the position of supporting voluntary work furlough only and the Civil Service Commission has not yet taken action on an involuntary furlough waiting for completion of the meet and confer process.

  Current DPH planning includes a two day furlough during the December holidays and one day in February, March and April. If the involuntary work furlough program, which includes DPH contract programs, is not implemented, the second round of layoffs, along with contract program reductions, will be necessary.

- Senior Services Committee: I have established a DPH Senior Service Committee made up of senior managers representing every division of the Department. The Committee will be co-chaired by Cynthia Selmar and Anthony Wagner. The purpose of this Committee is to (1) advise the Executive Staff regarding policies for seniors; (2) review opportunities for coordinating and integrating senior programs; (3) focus on a continuum of care for seniors; (4) serve as an advocacy group for senior services within DPH; and (5) raise the visibility of senior health services in the Department.

- Holiday Party: The Department of Public Health holiday party will held at the Spanish Cultural Center on Friday, December 18. The Health Commission is invited to join staff for this gala annual event which is co-sponsored by the Friends of the Health Department.

SAN FRANCISCO GENERAL HOSPITAL

- JCAHO Visits: The Joint Commission of Accreditation of HealthCare Organizations (JCAHO) is scheduled to begin its survey of San Francisco General Hospital on November 30. The surveys will be conducted from 8am to 4pm. The following is the survey schedule:

  Laboratory Survey - November 30 - December 2
  Ambulatory Survey - December 7
  Hospital Survey - December 8 - 10

- Hospital Diversion: Critical Care diversion in October shows a significant increase for San Francisco General Hospital (15% to 26%), Mount Zion (0% to 8%) and UCSF (7% to 15%) and Kaiser Hospital (1% to 7%). Total diversion remains high at Kaiser (9%) for the third consecutive month although this has been gradually decreasing from 13% in August. St. Francis Hospital decreased slightly (5% to 1%).

  The continuing high level of critical care diversion at SFGH will be reviewed and monitored carefully and reported to me on a biweekly basis by the EMS Agency. I have asked Mr. Cordova to implement special review procedures immediately to determine the cause and make recommendations to reduce critical diversions.

- Hospital Holiday Party: SFGH has planned their annual holiday party on Friday, December 11, the day following the JCAHO Survey. Health Commissioners are invited to attend.

LAGUNA HONDA HOSPITAL

- Geriatrics and Gerontological Annual Meeting: On November 3, Dr. Mary Anne Johnson, Medical Director of Laguna Honda Hospital served on a panel discussing the topic, "Chronic Disease Hospitals" at the annual meeting of the American Geriatrics Society and the Gerontological Society of America in Washington, D.C.

- Materials Management Seminar: Two seminars on materials management were recently held at the hospital for senior and middle management staff. The hospital is in the process of developing a materials management system and establishing a Materials Management Department to increase efficiencies and reduce costs.

- HSS Board of Directors: Mr. Anthony Wagner was recently nominated as president-elect of the Hospital-Sponsored Services (HSS) Board of Directors for 1993. HSS represents the distinct-part skilled nursing facilities and is an auxiliary of the California Association of Hospitals & Health Systems (CAHHS).

COMMUNITY PUBLIC HEALTH SERVICE

- AIDS Services in San Francisco: This week the Examiner published a series of articles on AIDS services in San Francisco. While the articles pointed out areas within the AIDS service system that need improvement, they did not reflect the work or direction the Department is already taking in this area over the last year.

  In particular, the Department has been working to identify administrative and infrastructure redundancies while seeking to retain the special cultural and linguistic competency of the S.F. Model of HIV/AIDS care. The proliferation of AIDS service providing agencies has enhanced access to a full range of HIV services by the many diverse affected communities within San Francisco. Opportunities to consolidate agencies and programs need to be seen from the perspective of consumer access.

  The Department believes that all HIV funded agencies need to provide high quality and cost-efficient services and has worked to develop objective measureable standards for these services. The Mayor's Ryan White CARE Council has worked in conjunction with the Department to develop a monitoring

tool which emphasizes both fiscal accountability and program competency. Regrettably the recent articles contain several inaccuracies regarding the evaluation tool used recently to monitor CARE funded programs in San Francisco

The articles incorrectly refer to 40% of contracts being found deficient. In fact only two contracts were rated unacceptable and both of these contracts are being terminated. In the article, services that received a rating of less than 3 were characterized as 'unacceptable'. A rating between 2 and 3, in fact indicates that there were areas where improvement was needed. The AIDS Office's responsibility includes identifying areas of improvement and providing technical assistance to assure programmatic, fiscal and administrative standards are met by our contracting agencies.

On a broader level, the article obscures the fact that the reported monitorings are an integral part of the Department's efforts to improve services in San Francisco. In addition to defunding certain services, the AIDS Office will be rebidding services, and providing technical assistance to contractors. Active discussions have been underway for months regarding consolidations of AIDS agencies to decrease administrative overhead while maintaining culturally appropriate services. Under the leadership of Supervisor Carole Migden in conjunction with United Way we have been seeking, and expect shortly to receive foundation funding to convene a broadly represented blue ribbon panel to outline consolidation plans.

- Tuberculosis Update: So far this year, five cases of MDR-TB have been diagnosed in San Francisco; three of the five individuals were foreign-born. One individual with AIDS recently moved to San Francisco from New York City where he presumably acquired MDR-TB. This patient has subsequently died of tuberculosis. There has been no evidence of nosocomial, hospital acquired, spread of MDR-TB in San Francisco.

  The other four patients are on multiple second-line drugs against tuberculosis and are responding to treatment. These patients are being carefully monitored and are not currently infectious.

  Reported cases of TB for the last three years at the same period of time (November 14) are as follows: 1990-300, 1991-300, 1992-306.

- AIDS Protest Lawsuit Settlement: As part of the City's agreement from the settlement of the lawsuit that resulted from the AIDS protest demonstrations in 1989, $75,000 of the settlement money will be donated to three AIDS-related programs: the Black Coalition on AIDS, the San Francisco AIDS Foundation, and the Department of Public Health's Tuberculosis Control Program, located at San Francisco General Hospital, for TB outreach services.

- Canadian National Breast Screening: The California Department of Health Services Breast and Cervical Cancer Control Program has issued a letter regarding the recently released Canadian mammography study which cites a 52 percent increase in breast cancer mortality in women aged 40-49 given annual mammograms during the study period of 1981 and 1987.

  "The American Cancer Society (ACS) and the American College of Radiology (ACR) have expressed the following reservations about the validity of the study as the results have been reported thus far. It is questionable that the women who participated in the study constituted a random sample. In

addition, the radiologists and technologists who participated in the study had no training in mammography. The ACS has stated that mammography facilities in Canada should not be compared to the facilities in the United States as Canada does not observe the same quality control procedures or regulations used here. Also, since the minimum latency period between radiation exposure and death from breast cancer is ten years, an increase in mortality, if any, in the Canadian study could not be radiation-related.

The American Cancer Society and the American College of Radiology strongly support mammography of asymptomatic women beginning at age 40. Women expressing reservations about the safety of mammograms may call the Cancer Information Service at the National Cancer Institute at 1-800-4-CANCER."

CENTRAL OFFICE/BUREAU OF TOXICS HEALTH AND SAFETY SERVICES

- Medical Waste Management Ordinance: The San Francisco Medical Waste Management and Fee Ordinance will be heard at the Board of Supervisors' Finance Committee tomorrow. The ordinance will authorize the Department of Public Health to enforce the provisions of the California Medical Waste Management Act of 1990. The ordinance establishes a full fee for service program for DPH to regulate private and public medical waste generators located in the City and County of San Francisco. The facilities that will be regulated include hospitals, clinics, surgery centers, doctor's offices, veterinary offices, health care facilities, medical laboratories, and dental offices.

OCTOBER STATISTICS

- San Francisco General Hospital

Inpatient

| | | |
|---|---|---|
| Average Daily Census | (except newborns): | 315 |
| Newborn Nursery: | | 17 |
| Actual Patient Days | (except newborns): | 9,755 |
| Newborn Nursery: | | 531 |
| Admissions | (except newborns); | 1,485 |
| Newborn Nursery: | | 158 |
| Average Length of Stay | (except newborns): | 7 |
| Newborn Nursery: | | 3 |
| Discharge Patient Days | (except newborns): | 10,089 |
| Newborn Nursery: | | 602 |
| Discharges | (except newborns): | 1,504 |
| Newborn Nursery: | | 162 |

Outpatient Visits

| | |
|---|---|
| Primary Health | |
| Family Health: | 3,453 |
| General Medicine: | 2,085 |
| Pediatric: | 2,635 |
| OB/GYN: | 2,597 |
| Specialty Clinics: | 10,324 |

- CPHS - Primary Care Visits for Health Centers

| | |
|---|---|
| Health Center #1: | 1,168 |
| Health Center #2: | 336 |
| Health Center #3: | 598 |
| Health Center #4: | 1,046 |
| Health Center #5: | 757 |

| | |
|---|---|
| Tom Waddell Clinic: | 2,917 |
| Potrero Hill Health Center: | 572 |
| Southeast Health Center: | 644 |
| Special Programs for Youth: | 1,562 |
| TOTAL VISITS: | 9,600 |

Disease Control

| | |
|---|---|
| TB Clinic: | 2,193 |
| City Clinic: | 1,984 |

CREDENTIALING ACTIONS

- Laguna Honda Hospital: On behalf of the governing body, I have approved medical staff applications for four physicians, including an Orthopedist.

  Details are available in the Commission Office.

**5) PRESENTATION OF THE ANNUAL AFFIRMATIVE ACTION REPORT**

Dr. Baxter introduced Gloria Louie, Director of Equal Employment Opportunity and Affirmative Action Programs. Ms. Louie introduced members of her staff, Arla Escontrias, Claire Nakasue, Sam Schindler, and Richard Turner.

Dr. Baxter pointed out that the Department, even after having had to reduce the number of staff, improved in its affirmative action goals. He reported that performance evaluations of managers will include affirmative action goals.

Because the 1980 Census data was used in the analysis of affirmative action activities for FY 1991-92, the new data from the 1990 Census will reflect the increase in census figures for the Asian/Pacific and Latino populations. Upon receiving the 1990 census data, Ms. Louie will forward it to the Commission.

Ms. Louie provided an overview of the analysis of labor force data, Department-wide and in each Division. The Executive Summary of the analysis is available in the Commission Office. She also reported on the affirmative action activities for FY 1991-92, which included recruitment, the 20/20 program, discrimination complaints, training, and bilingual testing.

President Underwood commended the Department staff for a thorough report with positive directions in affirmative action.

**6) OTHER BUSINESS/PUBLIC COMMENTS**

Public Speaker: John Ehrlich

**7) EXECUTIVE SESSION: PURSUANT TO GOVERNMENT CODE SECTION 54956.9, "POTENTIAL LITIGATION."**

The meeting was adjourned at 4:30 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary
to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Edward A. Chow, M.D.
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Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

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# AGENDA

## HEALTH COMMISSION MEETING

December 1, 1992
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

**THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.**

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 17, 1992

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) Consideration of approval to compensate certain specified employees with standby pay for FY 1992-93 pursuant to and in compliance with procedures set forth in the City's Salary Standardization Ordinance.

(3.2) Consideration of a renewal of a lease with BP Oil Co. at Portola and Woodside.

3.3) Consideration of a supplemental appropriation to provide funding for implementation of the Medical Waste Management Ordinance.

(3.4) C.O. - AIDS - Renewal contract with Community United in Response to AIDS/SIDA (CURAS), in the amount of $155,500 to provide HIV/AIDS prevention education services to members of the Latino gay and bisexual community and high risk members of the general Latino community, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with CURAS for services totaling $409,832 in FY 1991-92.)

(3.5) C.O. - Administration - AB75 Project - Renewal contract with Medicus Systems Corporation, in the amount of $240,000 to provide fiscal intermediary services for the FY 92-93 CHIP Program, for the period of December 1, 1992 through February 15, 1994. (DPH contracted with Medicus Systems for services totaling $350,000 in FY 1991-92.)

(3.6) C.O. - Toxics, Health and Safety Services - Asbestos Program - New contract with Galson Corporation in the amount of $69,595 to provide an asbestos computer software for the installation period of eight months from Controller certification of the contract.

(3.7) C.O. - MIA Program - Request to apply for, accept and expend retroactively a continuation grant in the amount of $2,000,000 from Legalized Indigent Medical Assistance (LIMA) to reimburse counties for unreimbursed health care costs of indigent legalized aliens for the period of July 1, 1992 to June 30, 1993.

(3.8) CPHS - Health Promotion - New contract and sole source request with the San Francisco Community Clinics Consortium in the amount of $100,444 for institutionalization of tobacco interventions at five community clinics for the period of January 1, 1993 through December 31, 1993. (DPH contracted with S.F. Community Clinics Consortium for services totaling $550,000 in FY 1991-92.)

(3.9) DMS - CMHS - Adult Acute - New contract and sole source request for Harbor Hills Hospital, in the amount of $92,330, to provide subacute locked skilled nursing 24-hours services for the period July 1, 1992 through June 30, 1993.

(3.10) DMS - Planning and Evaluation - Request to apply for, accept and expend a continuation grant in the amount of $175,032 from the State Department of Mental Health to provide information, referral, mental health treatment, case management and staff training services for the period July 1, 1992 through June 30, 1993.

3.11) DMS - CSAS - Request to accept and expend a grant subvention, and various sole source contract awards in the amount of $4,700,000 from the USDHHS/SAMHSA to reduce client waiting lists for substance abuse services and lessen the threat of HIV transmission, for the period of January 1, 1993 through June 30, 1994, and eight sole source requests:

1) Horizons Unlimited of San Francisco in the amount of $180,000 to enhance existing program services for Latino youth;

2) Baker Places in the amount of $70,000 to enhance existing dual diagnosis program services;

3) Bay Area Addiction, Research and Treatment in the amount of $117,749 for 20 additional outpatient methadone maintenance slots;

4) Bayview-Hunter's Point Foundation for Community Improvement in the amount of $33,047 for 6 additional methadone slots;

5) Haight Ashbury Free Clinics in the amount of $161,376 for 12 additional drug detoxification slots;

6) UCSF/PACE Program at SFGH Ward 93 in the amount of $33,047 for six additional methadone slots;

7) Westside Community Mental Health Center in the amount of $33,047 for six additional methadone slots;

8) Women's Institute for Mental Health in the amount of $18,692 for four additional outpatient slots.

(In FY 91-92 DPH contracted with Bay Area Addiction, Research and Treatment in the amount of $1,958,778.50, Baker Places in the amount of $3,149,363, Bayview-Hunter's Point Foundation in the amount of $7,754,006, Haight Ashbury Free Clinics in the amount of $4,352,056, Horizons Unlimited of S.F. in the amount of $679,462, UCSF in the amount of $7,422,404 exclusive of the affiliation agreement, Westside Community Mental Health Center in the amount of $2,461,531, and Women's Institute for Mental Health in the amount of $923,354.)

(3.12) Request for approval of the AB 75 Capital Outlay Plan Revision for Community Public Health Services Division.

4) **DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

5) **CONSIDERATION OF A RESOLUTION ON THE DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT**

6) **CONSIDERATION OF PROPOSED REVISED CONTRACT POLICIES**

7) **OTHER BUSINESS/PUBLIC COMMENTS***

* **Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.**

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
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# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

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## MINUTES OF THE HEALTH COMMISSION MEETING

**Tuesday, December 1, 1992**
**3:00 P.M.**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Patricia R. Underwood, R.N, D.N.Sc., at 3:10 p.m.

Present: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N. D.N.SC

Absent: Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF NOVEMBER 17, 1992

Action Taken: The Commission adopted the minutes of November 17, 1992.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Edward A. Chow, M.D.)

(3.1) Consideration of approval to compensate certain specified employees with standby pay for FY 1992-93 pursuant to and in compliance with procedures set forth in the City's Salary Standardization Ordinance.

(3.2) Consideration of a renewal of a lease with BP Oil Co. at Portola and Woodside.

3.3) Consideration of a supplemental appropriation to provide funding for implementation of the Medical Waste Management Ordinance.

(3.4) C.O. - AIDS - Renewal contract with Community United in Response to AIDS/SIDA (CURAS), in the amount of $155,500 to provide HIV/AIDS prevention education services to members of the Latino gay and bisexual community and high risk members of the general Latino community, for the period of July 1, 1992 through June 30, 1993. (DPH contracted with CURAS for services totaling $409,832 in FY 1991-92.)

Public Speaker: John Ehrlich

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Commissioner Chow abstained from the discussion to avoid potential conflict of interest.

(3.6) C.O. - Toxics, Health and Safety Services - Asbestos Program - New contract with Galson Corporation in the amount of $69,595 to provide an asbestos computer software for the installation period of eight months from Controller certification of the contract.

(3.7) C.O. - MIA Program - Request to apply for, accept and expend retroactively a continuation grant in the amount of $2,000,000 from Legalized Indigent Medical Assistance (LIMA) to reimburse counties for unreimbursed health care costs of indigent legalized aliens for the period of July 1, 1992 to June 30, 1993.

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Since the Commissioners requested more information and clarification, this item was continued to a future meeting.

Public Speaker: John Ehrlich

(3.9) DMS - CMHS - Adult Acute - New contract and sole source request for Harbor Hills Hospital, in the amount of $92,330, to provide subacute locked skilled nursing 24-hours services for the period July 1, 1992 through June 30, 1993.

(3.10) DMS - Planning and Evaluation - Request to apply for, accept and expend a continuation grant in the amount of $175,032 from the State Department of Mental Health to provide information, referral, mental health treatment, case management and staff training services for the period July 1, 1992 through June 30, 1993.

(3.11) DMS - CSAS - Request to accept and expend a grant subvention, and various sole source contract awards in the amount of $4,700,000 from the USDHHS/SAMHSA to reduce client waiting lists for substance abuse services and lessen the threat of HIV transmission, for the period of January 1, 1993 through June 30, 1994, and eight sole source requests:

1) Horizons Unlimited of San Francisco in the amount of $180,000 to enhance existing program services for Latino youth;

2) Baker Places in the amount of $70,000 to enhance existing dual diagnosis program services;

3) Bay Area Addiction, Research and Treatment in the amount of $117,749 for 20 additional outpatient methadone maintenance slots;

4) Bayview-Hunter's Point Foundation for Community Improvement in the amount of $33,047 for 6 additional methadone slots;

5) Haight Ashbury Free Clinics in the amount of $161,376 for 12 additional drug detoxification slots;

6) UCSF/PACE Program at SFGH Ward 93 in the amount of $33,047 for six additional methadone slots;

7) Westside Community Mental Health Center in the amount of $33,047 for six additional methadone slots;

8) Women's Institute for Mental Health in the amount of $18,692 for four additional outpatient slots.

(In FY 91-92 DPH contracted with Bay Area Addiction, Research and Treatment in the amount of $1,958,778.50, Baker Places in the amount of $3,149,363, Bayview-Hunter's Point Foundation in the amount of $7,754,006, Haight Ashbury Free Clinics in the amount of $4,352,056, Horizons Unlimited of S.F. in the amount of $679,462, UCSF in the amount of $7,422,404 exclusive of the affiliation agreement, Westside Community Mental Health Center in the amount of $2,461,531, and Women's Institute for Mental Health in the amount of $923,354.)

This item was postponed to a future meeting.

(3.12) Request for approval of the AB 75 Capital Outlay Plan Revision for Community Public Health Services Division.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for #3.8 and #3.11. Commissioner Chow abstained from voting on #3.5.

**4) DIRECTOR'S REPORT**
(Raymond J. Baxter, Ph.D.)

ADMINISTRATION

- FY 93-94 Budget Schedule: As requested, the DPH estimate for the FY 93-94 baseline budget has been submitted to the Mayor's Office. The estimate includes approximately $31 million in uncontrollable fixed cost increases, including salary standardization that the Mayor's Office has indicated will have to be absorbed in the Department's final budget. On Thursday, finance directors of City departments will be meeting with the Mayor's budget staff to review departmental targets for preparing the 93-94 budgets.

  The schedule for the Department of Public Health budget submission is as follows: January 26 - Health Commission public hearings on DPH budget; February 2 - Health Commission action on DPH proposed budget. Much of staff time for the next two months will be devoted to making difficult budget decisions and preparing the necessary budget documents. The Mayor's Office has requested the budget in a new program budget format for the next fiscal year. Prior to submission to the Health Commission, the Department will include the Ad Hoc Budget Committee and the DPH Advisory Committees in the budget process.

- Update on Managed Care: Public hospital organizations and counties throughout the State have asked the State for a minimum of a 12 to 18 month

moratorium on awarding Medi-Cal managed care contracts to private healthcare organizations. This would give sufficient time to counties and other traditional safety net providers to transition away from fee-for-service to managed care systems. This responds to the recent actions by the State Department of Health Services in awarding a Medi-Cal managed care contract in Santa Clara County to Pro-Care of San Diego without any discussion or notification to the county.

In response, the State has implemented a very temporary "moratorium" on awarding PCCM contracts. This moratorium will be in effect only until the State DHS has developed its strategic plan to guide the overall implementation of managed care for the Medi-Cal population. Release of the State's plan is expected tomorrow.

This Department is developing a plan for managed care with both short-term and long-term objectives to ensure access for Medi-Cal clients in San Francisco to appropriate levels of high quality, cost-effective, coordinated care. I am meeting with representatives of the San Francisco Section of the West Bay Hospital Council, the Community Clinic Consortium and the S. F. Medical Society to discuss options in San Francisco. The San Francisco model for implementing a Medi-Cal managed care pilot project will be presented to the Health Commission for approval in the early part of 1993.

- World AIDS Day: The fifth annual observance of World AIDS Day is being commemorated today, December 1, 1992 by 180 countries throughout the world. This year's theme,. "AIDS: A Community Commitment", focuses on community sharing. For the first time, World AIDS Day will link communities throughout the U.S. in a unified, national observance by dimming lights as a visual demonstration of community commitment to the fight against AIDS and in tribute to those living with and those who have died from AIDS.

  Locally today, Dr. Mitch Katz, Director of the AIDS Office participated in a national teleconference, one of 100 sites across the U.S., to urge employers to educate employees about AIDS. The AIDS Office Youth Peer Education Program also scheduled a peer counseling program at the Bernal Dwelling Housing Development on Army Street to reach out to out-of-school youth by providing education about AIDS and other sexually transmitted diseases.

  Tonight, as lights go out in San Francisco, from 7:45 pm to 8 pm, and candles are lit in remembrance of the 9,807 persons who have died from AIDS in the City, San Franciscans can reflect on a decade of responding to AIDS with a system of compassionate community care that has become a model across the nation. It is also a time to rededicate local efforts to prevent the further spread of HIV, and meet the challenges of continuing to provide a comprehensive system of care that responds to the needs of increasing numbers of people living with AIDS.

- Update on Jail Medical Services: At my request, the Mayor convened a meeting on November 18 to discuss issues related to Forensic Medical Services. Attendees at this meeting included the Mayor, Sheriff Michael Hennessey, Assistant City Attorney Dennis Aftergut, Mayor's staff, Dr. Larry Meredith, and myself. It was agreed that the Mayor's staff would convene myself, Sheriff Hennessey, Louise Renne, and Carl Bunch, Director of ERD, as a Policy Oversight Committee to provide oversight of the RFP Review Committee, evaluate alternatives and determine the most appropriate overall course of action for the City.

- Update on Work Furlough Program: The Civil Service Commission last night delayed action on passing a mandatory furlough rule until their first meeting in January (1/4/93). The Commission instructed department heads to conduct a survey of all employees in conjunction with labor unions to determine interest in a voluntary furlough program. It is expected this survey would be completed by January 4, 1993. The CSC also asked department heads to review their budgets to see if additional cuts could be made without necessitating furloughs and layoffs. The DPH planned furlough days of December 24 and 31 will have to be rescheduled if the CSC ultimately adopts the mandatory furlough rule.

  Additional layoffs effective January 1, 1993 and contract reductions effective February 1, 1993 will be implemented due to the delay in the work furlough decision.

SAN FRANCISCO GENERAL HOSPITAL

- JCAHO Visits: The Joint Commission on Accreditation of Healthcare Organizations survey began as scheduled yesterday at San Francisco General Hospital. The surveys are scheduled to be completed on December 10. On Monday, December 7, Commissioner Chow, Mr. Cordova, and I are meeting with Mayor Jordan to brief him on the JCAHO survey process.

- Parking Garage: There may be a very substantial delay in the parking facility project at 24th and Utah, due to the lack of decisions by the PUC and Muni to relocate activities housed at the site. The site was to be vacated starting in October with demolition of the Muni barn scheduled to begin in January 1993. It appears that Muni and the PUC have not agreed on a relocation site nor a funding mechanism, and have made no commitments to the schedule. Unless decisions are forthcoming immediately, the project could be delayed by a year and a half. By Board of Supervisors resolution, the deadline for completion of the parking facility is supposed to be July 1994, to coincide with the completion of the L Facility (which is on schedule).

  We have initiated discussion with the Mayor's Office and I have communicated my concerns to Johnny Stein, Muni General Manager, and Tom Elzey, General Manager of the PUC. The Mayor's Office has discussed this issue with the members of the Public Utilities Commission. It is our hope that the PUC and Muni will respond within the next few days regarding the project schedule. Hospital staff and the community around the hospital are aware of the situation and have expressed their concerns.

- TB Drug Research: In response to the alarming increase of tuberculosis across the country, particularly the cases of multidrug resistant strains, researchers at San Francisco General have recently received a grant of $1.6 million from the National Institute of Allergy and Infectious Diseases (NIAID) to develop new drugs to treat T.B. The four year grant will be used to develop new therapies and explore existing drugs that might be effective in treating the upsurge in tuberculosis.

BUREAU OF ENVIRONMENTAL HEALTH

- Refuse Collection Injunction: Based on the City's 1932 ordinance only licensed refuse collectors (Sunset Scavengers, Golden Gate, Bay Cities and AET) can collect and haul refuse in San Francisco. Other firms, commonly referred to as debris box operations, can legally haul construction debris and other refuse having commercial value only. In 1964, the City Attorney defined "commercial value" to be refuse that a generator can sell or give away.

As part of its mandate the Health Department investigates all complaints of illegal, inadequate, or non-service of refuse collection. Investigation of complaints validated that a number of businesses did not have licensed refuse service. These businesses were contacted by the Department and where the complaint was confirmed were noticed to initiate licensed service.

In October, Waste Resource Technologies (WRT) filed for a preliminary injunction with the Superior Court to prohibit the City from enforcing the definition of commercial value and to restrain the Health Department from contacting WRT customers for failure to have licensed refuse service. In early November, the Court granted a preliminary injunction and on November 20 the Court heard arguments to reconsider the granting of the injunction. The Court not only dismissed the injunction but also granted Norcal's injunction prohibiting WRT from collecting or soliciting refuse for a fee. On December 4, the Court will determine if the final injunction against WRT will be entered.

The Department of Public Health will continue to enforce the City's charter requiring all commercial and residential properties to provide licensed and adequate refuse service.

NOVEMBER STATISTICS

- AIDS Statistics (from 7/1/81 to 11/30/92)

| | |
|---|---|
| Total San Francisco cases: | 13,384 |
| Total San Francisco deaths: | 9,807 |
| Total S.F. cases for November: | 169 |
| Total S.F. deaths for November: | 133 |

- Laguna Honda Hospital

| | |
|---|---|
| Average Daily Census: | 1,087 |
| Acute Services: | 7 |
| Clarendon Hall: | 165 |
| AIDS SNF: | 9 |

- Mental Health

| | |
|---|---|
| SFGH/Acute Psychiatric Beds: | 79 |
| (13 beds for subacute/med complex care) | |
| Community Acute Psychiatric Beds: | 2 |

CREDENTIALING ACTIONS

- San Francisco General Hospital: On behalf of the governing body, I approved the following appointments and reappointments of SFGH Medical Staff for November 1992:

| | |
|---|---|
| Appointments to the Active Staff: | 0 |
| Reappointments to the Active Staff: | 10 |
| Appointments to the Courtesy Staff: | 5 |
| Reappointments to the Courtesy Staff: | 24 |
| Appointments to the Affiliated Staff: | 0 |
| Reappointments to the Affiliated Staff: | 5 |

Details are available in the Commission Office.

President Underwood announced the following schedule for the Commission:

Tuesday, December 15, 1992, 1:30 p.m. - Budget Committee
Tuesday, January 12, 1993, 3:00 p.m. - Regular Commission Meeting
Tuesday, January 26, 1993, 3:00 p.m. - Regular Commission Meeting

No Commission meetings on January 5 and 19, 1993.

## 5) CONSIDERATION OF A RESOLUTION ON THE DEPARTMENT OF PUBLIC HEALTH MISSION STATEMENT

At the request of the Commission, Dr. Baxter presented a draft of a proposed Mission Statement for the Department of Public Health, (Attachment A). He reported that the Department of Public Health Executive Staff has been involved in the development of this single Mission Statement. After the Commissioners' review and comments, Dr. Baxter will circulate a draft to the Department of Public Health advisory groups for their input and bring a final draft for Commission consideration. The Department of Public Health Mission Statement not only would help guide planning policy decisions and the budgeting process but also expresses the responsibilities of the Department.

Dr. Baxter also presented a draft of a proposed Vision Statement, (Attachment B). This Vision Statement would express goals for the state of health in San Francisco and what the Department wants to achieve for the future. The Vision Statement will also be circulated among the Department of Public Health advisory groups and be brought back to the Commission for final consideration.

Dr. Baxter reported that, together with his Executive Staff, the high priority areas of work will include the planning and development of how the Department will operate under managed care, a Department-wide strategic planning process, the strengthening of the Department's information systems, an aggressive consolidation and integration of services, and the organization of a health system with less resources.

President Underwood requested the Department to bring back the Mission and Vision Statements in late January. President Underwood commended the Department for its work on the Mission and Vision Statements. Commissioner Chow requested clarification on #7 of the Vision Statement. Commissioner Castaneda requested more specificity on the types of "environment" in the Mission and Vision Statements.

Public Speaker: John Ehrlich

## 6) CONSIDERATION OF PROPOSED REVISED CONTRACT POLICIES

Dr. Larry Meredith, Deputy Director for Operations, presented the following Departmental proposed contracting policy revisions for Commission consideration:

I) Contract Terms and Conditions:

a) Extend contract for additional four year term without Notice of Intent or RFP, unless contractor demonstrates substandard performance or service needs change significantly for continuing health services. (Contracts will still be presented annually to the Health Commission for review and approval.)

b) Permit an alternative open solicitation process for new health services when certain conditions exist, such as: 1) Time constraints do not allow for an RFP; 2) All possible providers of the service can contract for the service, if they desire.

II) Combine Grant, Sole Source and Contract Approval:

a) Combine grant accept and expend requests, sole source and contract approvals when specified provider(s) are included in grant applications as a co-applicant or are identified as the provider of specified services that are noted in the grant.

b) Combine sole source and contract approval requests.

Commissioner Chow raised the issue of term limits for four year contract renewals.

As information to the Commission, Dr. Meredith presented the following streamlining issues designed to facilitate the processing of contracts and to eliminate ineffective or unnecessary administrative functions:

A) Simplify narrative cover letter and contract summary form.

B) Eliminate requirement for narrative cover letter, contract summary, ethnicity data, monitoring report for Health Commission approval for the following:

- contracts totalling less than $50,000;
- contract modifications which change the contract no more than 10% above or below the original amount;
- contracts adjusted for approved COLA's; and
- contracts adjusted for amounts not exceeding 10% as a result of the budget approval process.

Commissioner Rosenstiel emphasized that the original intent of the narrative cover memo was to include specific pertinent information that would provide the most updated information about the contractor.

Public Speaker: John Ehrlich

Action Taken: The Commission approved the proposed revised contract policies regarding: 1) contract terms and conditions; and 2) combining grant, sole source, and contract approval.

Action Taken: The Commission requested the Department to provide in three months information on the pro's and con's of term limits in determining whether a policy is needed.

7) **OTHER BUSINESS/PUBLIC COMMENTS***

Public Speaker: John Ehrlich

The Commission requested information on which programs/services have been cut as a result of the 1992-93 budget process.

The meeting was adjourned at 4:20 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary
to the Health Commission

Attachments (2)

DRAFT

# RESOLUTION

WHEREAS, the Health Commission wishes to adopt a Mission Statement describing the broad goals and roles of the Department of Public Health to guide planning, budgeting and policy; and

WHEREAS, the following Mission Statment has been proposed by the Department of Public Health:

It is the mission of the San Francisco Department of Public Health to promote and sustain the best possible state of physical and mental health and functioning for all San Franciscans through:

- Surveillance, assessment, evaluation, education and information dissemination regarding conditions that affect the public health;
- Design and advocacy of policies, plans, standards and programs to prevent or remediate conditions that threaten the public health;
- Leadership in the development of financial and human resources and programs, in partnership with communities, consumers, providers, employees and other public and private entities;
- Direct delivery of high quality, cost-effective, culturally competent personal health services, especially for the poor and others with inadequate access to services, and with priority to those in greatest need;
- Commitment to access for all, and to eliminating financial, cultural, linguistic, physical and operational barriers to services;
- Protection and promotion of a healthy environment; and
- Public accountability for the development, design and execution of health policies and programs; now, therefore be it

RESOLVED, that the Health Commission adopts the Department of Public Health's Mission Statement; and be it

FURTHER RESOLVED, that this Mission Statement replace all previous Mission Statements.

ATTACHMENT A

DRAFT

# VISION STATEMENT

San Francisco will be a leader in Health. The staff and volunteers of the Department of Public Health will do everything in their power to help all San Franciscans achieve the best possible state of health. We are committed to making this a city where:

1. Everyone lives in a healthy neighborhood;

2. Everyone has an equal access to needed, quality care;

3. Services are client-focused and culturally proficient;

4. We are partners with clients and communities;

5. Community needs determine resource allocation;

6. We recognize the special contributions of every person working in the system;

7. All providers operate as part of a single citywide health and human service system;

8. All providers emphasize primary prevention and wellness;

9. We insure the very best use of public funds, and where all services are the least costly and most effective;

10. We are creative, innovative, and continually strive for excellence;

11. We stand for teamwork, collaboration, integrity and accountability; and

12. Clients and communities value our services and trust us

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Department of Public Health
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Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

# HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

Raymond J. Baxter, Ph.D.
Director of Public Health

Sandy Ouye Mori
Executive Secretary

TEL (415) 554-2666

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## AGENDA

## HEALTH COMMISSION MEETING
December 15, 1992
2:30 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

**THE CONSENT CALENDAR ON THIS AGENDA WILL BE CONSIDERED BY THE BUDGET COMMITTEE OF THE COMMISSION AT 1:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.**

1) CALL TO ORDER

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 1, 1992

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Margel Kaufman)

(3.1) C.O. - AIDS - New contract with Coming Home Support Services in the amount of $84,834 to provide probate conservatorship services for HIV symptomatic indigent persons with moderate to severe dementia for the period of January 1, 1993 through June 30, 1994. (DPH contracted with Coming Home Support Services for services totaling $79,067 in FY 1991-92)

(3.2) C.O. - AIDS - New contract with Professional Management Development Corporation in the amount of $1,110,828 to implement and monitor a decentralized system for operating the State-funded AIDS Drug Program (ADP) for the period of Date of Certification through June 30, 1993. (DPH contracted with Professional Management Corp.'s parent organization, Ramsell Corp. for services totaling $1,106,620 in FY 1991-92.)

(3.3) SFGH - MIS - New contract with The CBORD Group, Inc., in the amount of $101,445 to acquire a software license for a Dietary System and related expert consulting services for San Francisco General Hospital Medical Center for the period of Date of Certification through June 30, 1993.

(3.4) CPHS - Health Promotion - New contract and sole source request with the San Francisco Community Clinics Consortium in the amount of $100,444 for institutionalization of tobacco interventions at five community clinics for the period January 1, 1993 through December 31, 1993. (DPH contracted with S.F. Community Clinics Consortium for services totaling $550,000 in FY 1991-92.)

(3.5) CPHS - STD Control - Renewal contract with Bayview Hunter's Point Foundation in the amount of $80,462 to provide street outreach to individuals at risk for sexually transmitted diseases (STD's) for the period of January 1, 1993 through December 31, 1993. (DPH contracted with Bayview Hunter's Point for services totaling $7,754,006 in FY 1991-92.)

(3.6) DMS - CSAS - Renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $2,442,719 to provide comprehensive substance abuse treatment services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Haight Ashbury Free Clinics, Inc. for services totaling $4,352,056 in FY 1991-92.)

(3.7) DMS - CSAS - Renewal contract with St. Vincent de Paul Society of San Francisco in the amount of $870,107 to provide substance abuse services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with St. Vincent de Paul Society of San Francisco for services totaling $825,331 in FY 1991-92.)

(3.8) DMS - CSAS - Request to accept and expend a new grant in the amount of $992,487 from the USDHHS Office for Treatment Improvement through the State Department of Alcohol and Drug Programs and approval of a sole source award and multi-year contract with Asian American Recovery Services, Inc. in the amount of $330,829 per year for three years to provide substance abuse services to persons with HIV/AIDS and related diseases for the period of January 1, 1993 through August 31, 1995.

(3.9) DMS -CMHS - Child and Family Services - Multi-year contract renewal with California Pacific Health Services in the amount of $5,982,588 to provide day treatment, crisis intervention, outpatient services and residential care for the period of July 1, 1992 through June 30, 1993. (DPH contracted with California Pacific Medical Center for services totaling $8,802,587 in FY 91-92.)

(3.10) Request for supplemental appropriations to transfer the Toxicology Laboratory from the Central Office to San Francisco General Hospital.

(3.11) Consideration of a lease between Department of Public Health-Division of Mental Health, and Leroy and Kathy Looper for the Chateau Agape located at 827 Guerrero Street, for use as residential mental health care facility.

**4) OTHER BUSINESS/PUBLIC COMMENTS***

* Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission.

Patricia R. Underwood, R.N., D.N.Sc.
President

Paul A. Rosenstiel
Vice President

Rebecca P. Castaneda, D.D.S.
Commissioner

Edward A. Chow, M.D.
Commissioner

Arthur M. Jackson
Commissioner

Margel F. Kaufman
Commissioner

Pierre R. Ludington
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Frank M. Jordan, Mayor

Department of Public Health

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Director of Public Health

Sandy Ouye Mori
Executive Secretary

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# MINUTES OF THE HEALTH COMMISSION MEETING

**Tuesday, December 15, 1992**
**at**
**101 Grove Street, Room #300**
**San Francisco, CA 94102**

## 1) CALL TO ORDER

The Budget Committee meeting of the Health Commission was called to order by Commissioner Margel Kaufman at 1:30 p.m.

Present: Commissioner Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Margel F. Kaufman
Commissioner Pierre R. Ludington

Absent: Commissioner Rebecca P. Castaneda, D.D.S.
Commissioner Paul Rosenstiel
Commissioner Patricia R. Underwood, R.N. D.N.SC

## 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 1, 1992

Action Taken: The Commission adopted the minutes of the December 1, 1992 meeting.

## 3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Margel Kaufman)

(3.1) C.O. - AIDS - New contract with Coming Home Support Services in the amount of $84,834 to provide probate conservatorship services for HIV symptomatic indigent persons with moderate to severe dementia for the period of January 1, 1993 through June 30, 1994. (DPH contracted with Coming Home Support Services for services totaling $79,067 in FY 1991-92)

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(3.4) CPHS - Health Promotion - New contract and sole source request with the San Francisco Community Clinics Consortium in the amount of $100,444 for institutionalization of tobacco interventions at five community clinics for the period of January 1, 1993 through December 31, 1993. (DPH contracted with S.F. Community Clinics Consortium for services totaling $550,000 in FY 1991-92.)

This item was postponed to a future meeting.

(3.5) CPHS - STD Control - Renewal contract with Bayview Hunter's Point Foundation in the amount of $80,462 to provide street outreach to individuals at risk for sexually transmitted diseases (STD's) for the period of January 1, 1993 through December 31, 1993. (DPH contracted with Bayview Hunter's Point for services totaling $7,754,006 in FY 1991-92.)

(3.6) DMS - CSAS - Renewal contract with Haight Ashbury Free Clinics, Inc., in the amount of $2,442,719 to provide comprehensive substance abuse treatment services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with Haight Ashbury Free Clinics, Inc. for services totaling $4,352,056 in FY 1991-92.)

(3.7) DMS - CSAS - Renewal contract with St. Vincent de Paul Society of San Francisco in the amount of $870,107 to provide substance abuse services for the period of July 1, 1992 through June 30, 1993. (DPH contracted with St. Vincent de Paul Society of San Francisco for services totaling $825,331 in FY 1991-92.)

(3.8) DMS - CSAS - Request to accept and expend a new grant in the amount of $992,487 from the USDHHS Office for Treatment Improvement through the State Department of Alcohol and Drug Programs and approval of a sole source award and multiyear contract with Asian American Recovery Services, Inc. in the amount of $330,829 per year for three years to provide substance abuse services to persons with HIV/AIDS and related diseases for the period of January 1, 1993 through August 31, 1995.

(3.9) DMS -CMHS - Child and Family Services - Multiyear contract renewal with California Pacific Health Services in the amount of $5,982,588 to provide day treatment, crisis intervention, outpatient services and residential care for the period of July 1, 1992 through June 30, 1993. (DPH contracted with California Pacific Medical Center for services totaling $8,802,587 in FY 91-92.)

Jeff Jue, DMS Deputy Director, reported the progress on program issues raised in the monitoring reports. Commissioners Jackson and Kaufman stated their concerns with the monitoring reports for this large amount of a contract.

Judith Stevenson, Director of Community Mental Health Programs at California Pacific Medical Center, submitted a written response in regard to the 1992-93 contract renewal.

Commissioner Chow voiced his concern on non-compliance with achieving affirmative action on the Board and staff composition. Ms. Stevenson reassured the Commission that the restructuring of the merger between Presbyterian and Children's Hospitals is still in progress; and she will relay Commissioner Chow's concerns to the Board of Directors.

(3.10) Request for supplemental appropriations to transfer the Toxicology Laboratory from the Central Office to San Francisco General Hospital.

This item was postponed to a future meeting.

(3.11) Consideration of a lease between Department of Public Health-Division of Mental Health, and Leroy and Kathy Looper for the Chateau Agape located at 827 Guerrero Street, for use as residential mental health care facility.

Commissioner Ludington requested information on the program. Jeff Jue, DMS Deputy Director, will provide a program review to the Commission.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, except for items #3.4 and #3.10.

**4) OTHER BUSINESS/PUBLIC COMMENTS**

None.

The meeting was adjourned at 2:15 p.m.

Sandy Ouye Mori

Sandy Ouye Mori
Executive Secretary
to the Health Commission

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